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**HOW DO REGISTERED NURSES LEARN ABOUT PRACTICE?  
A QUALITATIVE STUDY.**

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# HOW DO REGISTERED NURSES LEARN ABOUT PRACTICE?

## A QUALITATIVE STUDY.

### ABSTRACT

Lifelong learning is strongly encouraged within healthcare, through government and professional initiatives. The emphasis of this learning is to positively influence practice thereby enhancing the patient experience and patient care. However, within these initiatives there is little consideration of the impact of this lifelong learning on the individual, nor their ability to engage with it.

This study employed a hermeneutic approach which explored the feelings, perceptions and experiences of a group of registered nurses relating to their learning about practice. The study provides insight into how nurses view themselves professionally and academically.

Data were collected in three ways. Demographic data was collected to situate the sample group. Written and verbal data were collected through the use of meta-planned focus groups (Davies *et al* 2001). Linguistic metaphor analysis was carried out on the written and verbal data which was coded, categorized and organised into themes.

The study revealed a number of attributes in relation to learning about practice. Whilst many participants were intrinsically motivated to develop new skills and ways of working, they were also extrinsically motivated through the relationships they had with colleagues. It was recognised that a supportive environment and collaborative partnership led to a successful learning experience. However, whilst many of the participants recognised their own need to develop skills of assertiveness, they identified that professional inequalities and the inappropriate use of power within their relationship with colleagues adversely affected their learning.

The findings from the study resulted in the development of a model of support for learning in practice. This is based on the individual nature of learning, the social environment of learning and cultural aspects of learning. These three areas

encompassed the feelings, perceptions and experiences of registered nurses related to their learning about practice.



## ABBREVIATIONS

|        |                                              |
|--------|----------------------------------------------|
| APEL:  | Accreditation of Prior Experiential Learning |
| BERA:  | British Educational Research Association     |
| CoP:   | Community of Practice                        |
| DH:    | Department of Health                         |
| IQ:    | Intelligence quota                           |
| NICE:  | National Institute of Clinical Excellence    |
| NHS:   | National Health Service                      |
| NMC:   | Nursing and Midwifery Council                |
| SCPHN: | Specialist community public health nursing   |

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## **CHAPTER ONE - INTRODUCTION TO THE THESIS**

### ***Introduction***

This chapter provides the background information to the thesis, highlighting my area of interest and how my curiosity about the learning of registered nurses was stimulated. This is particularly pertinent in the climate of the modern NHS where registered nurses are expected to develop their expertise and skills throughout their working lives. These expectations have resulted in a fundamental change to the traditional roles fulfilled by registered nurses. The chapter sets the scene for the research project and introduces the area of investigation.

This chapter will also include an outline of the structure of the thesis and highlight the content of each chapter.

### ***Background***

I am a nurse by background, with several years of clinical experience gained prior to taking up my current role at a local university where I teach nurses. Some years ago, I was involved with teaching enrolled nurses who were studying a part time conversion course which led to the higher qualification of registered nurse. They were studying the course whilst working full time in the NHS.

At the beginning of the programme, I made a private judgement as to which student would be successful and which would find the course more challenging. However, as the course progressed it became apparent that my judgement was flawed as the students were not progressing as I thought they would. I was concerned that it was something to do with my teaching style or communication methods, as students were not attending lectures or submitting work when suggested. I contacted the students I



was concerned about, and asked them how they felt they were doing and if there anything I could do to help.

The students showed considerable insight into their success on the programme. They identified a variety of reasons why they were not progressing, much of which was related to their working environment. For many however, their lack of progress was linked to personal issues, with some commenting that as their knowledge and confidence increased, their personal relationships were changing. This had created some difficulties for them, both at work and home.

I was curious to know if these were common problems for nurses or if it was something specific to the student group I was working with. I discussed the issue with colleagues and read around the subject of learning in the workplace. I found the work of Francis and Humphries (2000) particularly enlightening as they identified many of the issues I had seen with my own group of students. However, I also considered the theories of Lave and Wenger (1991) and Eraut (1999), as the concepts of a community of practice and apprenticeship models of learning were widely discussed in nursing and other relevant literature.

Following the publication of the Leitch (2006) report, which emphasised the importance of continuous skills development, my interest in learning related to registered nurses was particularly pertinent. This was further highlighted by government policy such as *Agenda for Change* (DH 2004) and *Modernising NHS Careers* (DH 2006). In this latter document, a new pay structure was identified that linked pay to the skills an individual displays relating to either academic or clinical

expertise. This was presented in the form of a *skills escalator* (DH 2006). Healthcare workers are able to progress up this escalator, with the accompanying financial recompense, as they demonstrate their ability to influence and change practice underpinned by contemporary evidence of best practice.

The concept of learning throughout an individuals working life has become increasingly influential as the results of changes in the structure of health care professions have emerged, with senior nurses often expected to carry out work that was traditionally undertaken by junior doctors, for example, nurse led clinics and nurse prescribing. However, much of this learning occurs alongside full time working in a practice environment. I was interested to know if the student groups I was working with were influenced through part time study, undertaken whilst working full time in the culture and environment of the health sector.

As part of the New Labour initiatives, a governmental agency - the *Modernisation Agency* - was set up to look at NHS careers; this group has led developments in the NHS. The *Modernisation Agency* stresses the value of underpinning knowledge for advancing practice. This has led to an expectation that senior staff will not only be clinically experienced and credible, but will also be able to conceptualize practice using higher level academic skills, demonstrated both in practice and through successful achievement of academic qualifications.

Whilst the need for highly registered staff with defined abilities to conceptualise practice has been identified in documents such as *Modernising NHS Careers* (DH 2006), the NHS is currently experiencing economic difficulties and staff shortages.

This has led to a reduction of both funding and study leave opportunities for post-registration education for registered nurses. Simultaneously, there has been increased interest in work-based learning activity and in-house training programmes, delivered by the employers, which link closely to the roles and responsibilities of today's healthcare professionals. However, these in-house training programmes are often based on the development of specific skills, enabling participants to perform these skills as part of their role. As such, they do not offer academic credit and are not necessarily transferable to other organisations. Nor do these programmes develop skills of analysis or criticality which are required for the new senior roles created through government initiatives.

There is a paucity of evidence that nurses are enabled to develop the conceptual skills required to undertake new clinical procedures safely, purely through learning in the work place. Whilst authors such as Rhodes and Shiel (2007), Chapman (2006) and Armsby *et al* (2006), contend that work-based learning programmes by their very nature have an impact on practice, none of these authors provide evidence to support this supposition. Indeed, Francis and Humphreys (2000) highlight that direct evidence to support changes in higher level practice resulting from work-based learning are difficult to uncover.

Thus, whilst nurses may be able to perform the skill, the underpinning knowledge and conceptual understanding may not be sufficiently developed to result in expertise and praxis, restricting their opportunity to progress up *the skills escalator* (DH 2006) through promotion.



The student population I currently work with, who have been participants in this research project, are registered nurses, many at senior level. Whilst the majority of this group have a high level of clinical expertise, they do not have the accompanying academic qualifications. Thus the underpinning knowledge and understanding is not always clearly articulated, barring them from the new opportunities that are arising for highly paid and accountable practitioners. Similar to the conversion course students, the progress of this student group is highly individualised and several of them have not been able to proceed on the programme within the envisaged timescale.

Thus, in this research project I will investigate the reasons this student group of registered nurses feel have affected their learning and progress. The research is underpinned by theories of learning in the workplace.

### ***Research area***

In this project, a qualitative approach has been taken which considers the lived experience of the individuals involved in the research. My original research proposal highlighted my interest in registered nurses and their learning in practice, extending their skills and knowledge. I felt this learning would result in the development of expert knowledge and praxis, that is, 'experience that leads to the development of expertise in practice and the synthesis of theoretical knowledge from practice.

However, through the work I carried out during the first year, particularly whilst preparing the literature review, it became apparent that the research area I was considering was too extensive and created a lack of focus for the final thesis. This was confirmed by the markers of the year one final report and through discussion with my supervisor.

Literature around theories of learning was reviewed and analysed paying particular attention to the work of Lave and Wenger (1991) concerning communities of practice and the work of Eraut *et al.* (1999) regarding apprenticeship models of learning, both of which emphasise the social element of learning. These two models have been particularly influential in nurse education over the last twenty years. However, consideration was also given to theories that emphasise the importance of the individual in their learning experience, particularly the work of Schön (1983) on reflective practice, Maslow's (1970) work on motivation and Coffield *et al.* (2004) work on individual learning styles.

I was particularly interested in participants' feelings, perceptions and experience of issues related to their learning in the work area, and I recognise that learning is a complex issue that cannot be explained simplistically. This is particularly pertinent during a time of change in the NHS when new roles are being developed that will influence the working lives of nurses and other healthcare professions.

### ***The thesis summary***

The thesis is divided into the following chapters:

Chapter two highlights the search strategy used in the literature review underpinning the project. Notions of learning are considered with an exploration of some issues that may influence individual learning particularly in the nursing arena. For example, nursing is principally a female-orientated career, thus issues relating to cultural and gender influences are reviewed. As I value the experience and perceptions of individuals, learning styles and the use of reflection are also examined. In this chapter, there is a discussion of some theories of learning in the workplace, particularly related to communities of practice and apprenticeship models of learning as within the

literature these two models have been seen to be of particular relevance to nursing and nurse training. The chapter concludes, that there are a wide range of issues that affect the learning of individual registered nurses

Chapter three contextualises the principles of lifelong learning in healthcare. A definition of the term “lifelong learning” is offered. This is followed by a discussion of the political agenda associated with the term related specifically to healthcare and the changing healthcare arena. This includes the influence of professional and political drivers as well as the societal expectations for today’s healthcare service. The research questions have been formulated through the review and discussion of the literature and are presented at the end of this chapter.

Chapter four considers the methodology that has been used in the project and provides an explanation and justification for the use of both a qualitative approach and the research tools used for data collection. An exploration of pertinent philosophical issues such as my epistemological and ontological approach is included. Detail of the research design, study population and research sample is provided. There is discussion of issues related to the analysis of qualitative data and a review of Creswell’s (2007) spiral of analysis which was used to provide structure to the process of analysis.

In this chapter, there is also detailed consideration of the ethical issues affecting the study and an overview of the pilot study.



Chapter five consists of a presentation of the written and verbal findings which arose from the research. The process of developing categories from the data has been identified and the words of participants used to title the identified categories where appropriate. Difficulties that arose from the categorization of data are considered further in chapter six. It was apparent from the findings that there was a wide range of issues that affected the learning of these participants

Chapter six contains a discussion of linguistic metaphor analysis that was used to aid the final categorization process. This process proved to be particularly useful during the analysis of the verbal data and the categorization process and ensured that the views of the participants were correctly understood. This chapter also considers the development of six themes which are discussed and analysed in the following chapter.

Chapter seven considers the themes that arose from the data in relation to the research questions. Discussion of the themes has been underpinned with appropriate literature. The results showed, that for this group of individuals, there were many factors that influenced their learning and progress. A model of learning encompassing the individual nature of learning, the social environment and cultural aspects of learning is suggested.

Chapter eight is a reflective account of my learning and progress through the doctoral programme which is structured through the use of Driscoll model of reflection. The importance of using a facilitative approach in focus group discussions and allowing sufficient time for the development of creativity throughout the project are identified

Chapter nine identifies implications for future developments for professional bodies and policy makers, healthcare organisations, providers of higher education, individual nurses and the research community. In this chapter there is also an overview of publications that will arise from this work.

### ***Conclusion***

This chapter has provided some background information to the thesis, highlighting my area of interest and how my curiosity about the learning of registered nurses arose from my practice as a nurse educationalist. The impact of recent government healthcare policy and the relationship this has with the role of the registered nurse has been identified. The chapter sets the scene for the research project and introduces the area of investigation by providing an outline of the structure of the thesis and the content of each chapter.

The following chapter examines some of the literature that arose from the literature review, looking in particular at the process of learning. Concepts that may impact on the learning of the registered nurse are considered although the individual nature of learning is emphasised.

## **CHAPTER TWO - THE CONCEPT OF LEARNING**

### ***Introduction***

The following two chapters present the contextual background to the study through a detailed literature review. An explanation of the search strategy used to identify relevant literature is provided. During the literature search it was apparent that there were several issues which required more detailed consideration. These issues have been sorted into themes for the purposes of analysing and reviewing the literature.

This chapter considers issues and themes relating to the concept of learning which arose from the literature, in particular, the process of individual learning and how this may be influenced. Theories of learning in the workplace are considered, with specific emphasis on the work of Lave and Wenger, (1991) around communities of practice and the work of Eraut *et al.* (1999) on apprenticeship models of learning, as these two theories have been particularly influential over the last twenty years. However, other issues which may influence an individual's learning, such as motivation, cultural and gender influences, learning styles, emotional intelligence and the use of reflection as an aid to learning will also be reviewed.

Chapter three examines the literature relating specifically to the term, lifelong learning, and why this is particularly relevant to registered nurses. A definition of the term is offered, followed by a review of the professional and policy drivers which have influenced nurses. Some options identified in the literature, which have been offered to nurses to allow them to participate in lifelong learning, are examined. The research questions which arose from a gap in the literature identified during the literature review, are identified at the end of chapter three.



### ***Search strategy***

I am particularly interested in how registered nurses learn about practice. To underpin the thesis with theoretical knowledge and explain the relevance of the findings, a literature review was undertaken. This process helped me to justify the area of investigation and refine the research questions. An initial search through Google scholar identified several thousand articles so a conceptual mind map was designed which included all concepts relating to the learning of registered nurses. From this, keywords were identified; these were used to structure the literature search. Examples of the keywords used were; work-based learning, lifelong learning, practice learning, intuition, improving practice. As the thesis relates to nursing in England, initially a geographical limit of the UK was set with a time limit of five years. The Open University library catalogues under subject heading “education” and sub-sections “lifelong learning” and “general education” were searched, as were the databases “applied social sciences index and abstracts” (ASSIA) and “academic search complete”. This resulted in 2780 articles of interest. The abstracts of these were read and the article discarded if I felt it was irrelevant to the area of interest. The remaining articles were analysed and the reference lists searched for other appropriate literature. This strategy proved successful and resulted in the review of several articles not identified in the original search.

As I have several years experience as a nurse educationalist I was also aware of key authors whose work had been influential in nursing practice over the last decade. I searched for work by these writers through the use of their name for example Eraut and Schön.

The websites of the Department of Health and the Nursing and Midwifery Council were also searched for appropriate policy documents and guidance which influences nursing and healthcare practice.

From the literature search, it was apparent that there were key areas and issues of relevance to the learning of registered nurses. These will be considered throughout the rest of this chapter and chapter three. Issues related to the learning of individuals, and therefore individual registered nurses, will be considered within this chapter. Chapter three explores aspect of learning which are specifically related to registered nurses such as healthcare policy initiatives.

### ***The process of learning***

The process of how people learn has been of interest to psychologists and educationalists for many years. Traditionally, there have been three main approaches to how people learn: behaviourist, where behaviour is changed through stimuli in a particular way to meet the needs of the environment; cognitive, where intellectual capacity, information processing, memory and perception are developed to enhance the skill to learn more effectively; and finally, humanistic, which facilitates the development of the individual as a whole with learning being driven by them, leading to an autonomous and self directed student. Whilst all three traditional approaches offer an insight into the learning process, alternative explanations are offered by other theorists helping to deepen awareness of the issues involved relating to how learning occurs.

Piaget (1969 in Watts *et al* 1996) suggests that the brain consists of a large filing system where separate pieces of learned information are stored. When new



information is received in the brain it is either accommodated or assimilated. If new information is accommodated, the current mental organisation (or filing system) is altered to take account of the new experience or information. Alternatively, the brain can assimilate information through filtering and modifying it so that it fits the existing filing system.

Piaget argues that

The mind has a creative relationship with experience or new information sometimes using experience to support the current point of view or sometimes changing its configuration

(Piaget 1969 in Watts et al 1996 p 61)

However, *learning* can be understood in a variety of ways (Rogers 2003). For example, Ramsden (1992) identifies two separate interpretations of the term *learning*. The first relates to the acquisition of knowledge for a particular purpose such as passing an exam. The learner is aware of the need to learn about a particular topic and makes a conscious effort to achieve this. Ramsden (1992) defines this as external learning where something that happens to the individual causes them to learn, usually for a particular purpose.

The second interpretation involves making sense of the learning and relating it to other subjects or learning that has previously occurred. Ramsden (1992) describes this as internal learning and is something the individual does to help them understand the world they live in. Often the learner is not aware or conscious of this process but

internalisation of learning will lead to a changed understanding of the world and reality. For example, making sense of new experiences through interpretation and successfully linking new experiences with learning already acquired will lead to a change in behaviour. Until the links are made, the relevance of new experiences is not apparent to the individual. Ryle (1949 in Ramsden 1992) describes this difference as knowing *that* and knowing *how*, arguing that learning is a process which often results in a change in behaviour as well as that of understanding.

Similarly, Illeris (2003) contends that learning has two parts, one which relates to external interactions with other people or materials, whilst the other relates to the internal processes of making sense of a situation and elaborating on possible scenarios. Both parts need to be addressed for effective learning to take place.

For Illeris (2003) many of the traditional learning theories relate only to one part of learning. For example, he argues that cognitive learning focuses only on the internal psychological processes, ignoring external issues. Similar to Ryle (1949 in Ramsden 1992), Illeris (2003) maintains that both internal and external factors have to be addressed for effective learning to occur and has constructed his own model of learning which he claims, addresses both issues. The model considers three dimensions; the development of understanding and meaning, which Illeris (2003) refers to as the cognitive dimension, the emotional dimension which relates to emotions such as motivation, concentration and interest, and the social dimension which relates to external interactions and the social surroundings of the individual student. These three dimensions inter-relate and impinge on the individual's ability to

learn. As such, the model considers both internal and external factors of effective learning.

Illeris (2003) contends that internal learning occurs as new pieces of information are linked with those the individual has already internalised and remembered. Internal learning can be disrupted if previous learning has been inaccurately processed as this will lead to misunderstanding and inaccuracies and adversely affect future learning. However, Illeris (2003) maintains the internal processes may also be influenced by external factors such as relationships with others and a lack of clarity from the teacher. His model offers a comprehensive overview of these factors.

Whilst some parts of Illeris' (2003) work lacks clarity, his discussion relating to the psychology of learning is both interesting and informative. Similar to Goleman's (1998) work on emotional intelligence, Illeris (2003) highlights the emotional aspects of learning and considers issues which will improve or aid student learning. These include concerns such as interest in the topic area, concentration, clarity and an ability to make sense of the new learning, by linking it to previous learning or practical experience.

However, other authors such as Chapman (2006), Ashton (1998) and Felstead *et al.* (2005) stress the importance of communication and relationships to learning, emphasising that learning is achieved through social interactions where the student is central to the learning experience, similar to the work of Rogers (1996). Whilst social interactions are important in learning, this emphasis sometimes results in a lack of consideration of other aspects of learning. For example, Illeris (2003) argues that the



social and situational theories of learning such as that expounded by Lave and Wenger (1991), concentrate on the external factors of learning emphasising the importance of the community at the expense of internal factors such as motivation.

Another way of looking at how learning occurs is offered by Kolb (1984) who demonstrates the process of learning following a cyclical process which he presents within a model of experiential learning. Kolb (1984) contends that there are four stages of learning. The individual has an experience which they look back on. Through the process of reflection they are able to link new experiences to their previous experience and knowledge and identify new ways of working or thinking. These, in turn can be tested creating new experiences. The cyclical nature of the learning model means that previous learning is constantly amended to allow the development of new learning. As such, the model identified by Kolb (1984) concentrates on both the external influences and the internal processes of the individual as they link their previous knowledge to new experiences.

### ***Communities of practice and apprenticeships as methods of learning***

The work of Lave and Wenger (1991) around communities of practice is very prevalent within the literature and has been influential in developing an understanding of how people learn.

A community of practice can be defined as

A group of people who share a concern, a set of problems, or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an on-going basis.

(Wenger *et al* 2002 p 4)

This is often seen within a work environment where people are working together to achieve a mutual aim. Lave and Wenger (1991) postulate that learning occurs through the student participating in the activities of the CoP, gradually being introduced to new activities and building expertise over a considerable length of time. The learning experience starts by the student learning how to undertake small tasks, which, once achieved, result in a sense of satisfaction and belonging to a community. Tasks then become increasingly more complex and as the student becomes more knowledgeable, they move from the periphery to full participation within the centre of the community. Learning is achieved through interaction and participation with the whole community, thus emphasising the importance of the social dimension of learning (Lave and Wenger 1991).

Wenger (1998) identifies three dimensions of a CoP. These are: mutual engagement, a joint enterprise and a shared repertoire. For a community to exist, the people within it must engage or interact together. To be fully engaged within a CoP, individuals should be included in important issues (Wenger 1998). Similarly, whilst there may be disagreements, those within a CoP will all work towards the same aims. Practice will be influenced by the understanding of individuals, but the group will all seek to achieve the overall aim of the community. Wenger (1998) highlights that the community will eventually build up a repertoire of resources which not only guide the

way practice is carried out but also includes specialised language or jargon to explain a process.

This is similar to the work of Becher and Trowler (2001) on academic tribes and culture which they define as

Sets of taken for granted values, attitudes and ways of behaving  
which are articulated through and reinforced by recurrent practices  
among a group of people in a given context

(Becher and Trowler 2001 p23)

They go on to argue that groups often have their own language and literature which play an important role in establishing cultural identity.

Similarly, Collin and Maija Valleala (2005) highlight, that the establishment of effective social relationships through the use of common language and shared activities underpins the development of a team culture. They contend that in order for learners to gain acceptance and help with learning, they must firstly acquire, understand and use the language of the group they are joining.

The twenty seven participants within the research of Collin and Maija Valleala (2005) were drawn from two areas. Some participants worked within technology whilst others were municipal workers. However, in both groups it was apparent that team interaction and maintaining social relationships through the use of a common language was an essential aspect of effective learning and work activity. Similarly,



some of these issues are applicable to nursing and healthcare where values and the use of specialist language are developed and reinforced by others within the group. Those in the group that do not conform to these principles often have difficulty developing their skills and expertise.

Within Lave and Wenger's (1991) concept of a CoP, the student's ability to learn is situated within the learning environment and is influenced by their relationship with others within the community. Thus, within communities of practice, learning arises from social activity where there are no set curricula or educator. Despite the importance of social relationships, the work of Lave and Wenger (1991) offers little discussion about the development of these relationships, or difficulties that might arise because of the student's relationship with others. Wenger's (1998) work does identify that students may avoid contact with whom they have difficulty, but offers little discussion about the effect this may have on student learning or performance. Issues such as the use of power within relationships and the effects of prejudice are not analysed or discussed in depth. However it is clear that relationships within communities of practice can affect the opportunities available for students and therefore their learning and progress can be adversely affected and so it is surprising that this difficulty is not discussed in greater detail within the work of Lave and Wenger (1991) or Wenger's later work (1998)

A further issue not considered in detail within the work of Lave and Wenger (1991) is that some expert practitioners have great difficulty passing their expertise on to others, as their knowledge has been internalised to the extent that their practice becomes intuitive and difficult to define (Benner, 1984). Thus, they lack understanding of the

needs of the student, resulting in a diminished learning experience, frustration and a reduced level of confidence in the student.

Similar to the work of Ryle (1949 in Ramsden 1992), Benner (1984) identifies the difference between *knowing how* (skills) and *knowing that* (underpinning theoretical knowledge). She contends that the expert cannot always define the underpinning theory of what they do, i.e. the *knowing that* of a particular skill. This creates problems for the learner who struggles to find understanding of new skills through linking new knowledge underpinning the new skill, with knowledge they have already gained. The *knowing that* related to a particular skill will aid the learner develop the *knowing how* of other practical skills and lead to clinical expertise. The inability of the expert practitioner within the CoP to define or explain the *knowing that*, restricts the learners understanding, transferable knowledge and their ability to become an expert practitioner.

A further area of concern with a CoP is highlighted by Wenger (1998), who identifies that mutual engagement is essential for an effective CoP. As the CoP becomes established, the people within it will develop very close working relationships. However, this can lead to a very insular and close-knit community where new technologies or more effective methods of working are overlooked. Some expert practitioners find it too time-consuming or difficult to ensure their knowledge remains current, continuing to work in a way which they have always found beneficial, thus ignoring recent global developments. Other practitioners may not wish to upset the *status quo* through a lack of confidence or motivation. However, activity within working environments changes rapidly and this fluidity can be difficult to achieve



when working within a close knit or insular community. The student is thus disadvantaged as without further input they will not learn about new, possibly better systems or methods of working. This can lead at best, to a continuation of inappropriate practice or at worst, bad or ineffective practice.

Lave and Wenger (1991) use an ethnographic paradigm to examine a variety of work communities such as communities of midwives and tailors. However, traditional sites of learning such as schools and universities are not fully examined within their work. This marginalises these learning environments and reduces the role of formal learning institutions. Yet, these formal learning sources may give the student the opportunity to discuss new activities, or research issues of concern that they have witnessed, thus helping to develop critical thinking skills. Time out of the work area for these activities helps to clarify new learning and develops links with learning previously achieved, helping address issues relating to new technologies or ways of working (Eraut 2003).

Lave and Wenger (1991) argue that a CoP is a tight-knit group where learning is situated, thus emphasising the insular nature of CoP. However, learning which is situated in a particular environment can be difficult to transfer to other situations or communities of practice. For example, learning which takes place in the community of a hospital ward cannot easily be transferred either to the classroom or other practice environments such as the client's home. People seldom belong to just one community; instead they have a variety of interests and commitments thus belonging to several different communities, each with conflicting knowledge and understandings. This

could lead to confusion and emphasises a lack of cultural and societal awareness within the work of Lave and Wenger (1991).

Similar to Lave and Wenger (1991), Eraut *et al.* (1999) considers that learning arises out of challenges in the work area and contends that participating in new activities is an important source of learning. However, Eraut (2004) does recognise that learning in the work area can be problematic, as learning and work are perceived as two separate entities and work will always take precedence, a conclusion also drawn by Illeris (2003).

Eraut (2005) highlights that to aid learning the relationship between the experienced and novice worker where learning is shared is of paramount importance. He recognises some of the difficulties that can arise through the inappropriate use of power and inequalities in the work place, emphasising the importance of effective personal support to facilitate learning. Eraut (2004) believes that acceptance by senior, experienced staff can have a positive impact on a student, helping them to develop confidence and a commitment to learning, which he asserts are important aids to learning. Indeed, if the student does not have the confidence to ask questions their learning will be impeded. Many novice students have a large number of questions which they do not like to ask because they feel they are being a nuisance, or that they should already know the answer. This can lead to misunderstanding, adversely affecting the learning experience or leading the student to perform tasks they are not competent to undertake (Eraut 2003).

Eraut (2005) considers an apprenticeship model of learning, which he postulates involves a close relationship between master and apprentice. This is student-centred and often involves the sharing of experiences and discussion between student and expert about the practice experience. Eraut (2005) contends that learning occurs directly through the relationship the student has with the expert, unlike Lave and Wenger's (1991) approach where learning is gained through their relationships with the whole community.

Whilst Eraut (2005) identifies that knowledge is situated, he does contend that there is some transferability of knowledge and skills. He recognises that the transfer of knowledge from the classroom to the practice area can be fraught with difficulty. This is because students struggle to find meaning in the new knowledge which fits with their previous learning and experience. However Eraut (2005) maintains that as there is some fluidity in the working environment, knowledge and learning can be transferred from one area to another. He highlights that individuals will belong to more than one community and that the edges will become blurred and overlap. This ensures the practitioner is exposed to several separate sets of ideas and values. Communicating with different communities of practice allows knowledge to be transferred from one practice environment to another thus helping to overcome the insular nature of the community.

### ***Influences on learning***

Whilst social theories of learning in the work area such as that of Lave and Wenger (1991) offer much to our understanding of the external learning process, they raise areas of uncertainty relating to the individual and the internal learning process. This



includes issues such as motivation, class, race and gender and individual learning style.

Literature on motivation within learning is widespread and is divided between discussion on the development of intrinsic motivation, that is, motivation that arises within the individual and extrinsic motivation which is where motivation is stimulated by outside influences such as assessment strategies. Martens *et al* (2010) explain this as

Extrinsic motivation denotes the performance of an activity in order to attain a certain outcome whereas intrinsic motivation refers to doing an activity for the inherent satisfaction of the activity itself.

Martens *et al* (2010 p 312)

The distinction between extrinsic and intrinsic motivation is clear-cut for Martens *et al* (2010). However for many individuals there is considerable overlap between the two types of motivation and the differences are seen to be more subtle than Martens *et al* (2010) would suggest. For example, success in an activity will often increase the interest felt by an individual in that activity, which in turn will increase their motivation to succeed.

Certainly, for Lave and Wenger (1991) motivation is stimulated through the learning experience which starts by the student learning how to undertake small tasks. A sense of satisfaction results once these tasks are achieved which in turn enhances the

learner's motivation to learn more about a job. Consequently, this leads them to become more interested and involved in the work of the community; learning and motivation is therefore enhanced as the student develops the sense of belonging to a CoP. Eraut (2004) however, argues that a student's learning is affected by their confidence and the relationship they have with the expert practitioner. If this relationship is effective the learner's motivation will be stimulated and learning will successfully occur.

Similarly, Collin and Maija-Valleata (2005) maintain that people learn through social interactions. Their research looked at two different groups of workers and concluded that motivation and learning was influenced by social relationships which occurred over an extended period of time as employees shared activities and a team culture similar to communities of practice. Thus, for Lave and Wenger (1991), Eraut (2004) and Collin and Maija-Valleata (2005), motivation is enhanced through social relationships and working together.

However, for Martens *et al* (2010) intrinsic motivation is dependent on the interest and *positive emotion* of the individual. Hidi and Renninger (2006 in Martens *et al* 2010) define *positive emotion* as enjoyment, thus for Martens *et al* (2010) a learner is motivated to learn through their interest and enjoyment of a topic. Whilst this can be stimulated by external factors such as social relationships, the individual's enjoyment and interest is of greater importance. Indeed the research of Vansteenkiste *et al* (2004 in Martens *et al* 2010) identified that learners who were intrinsically motivated performed more successfully than those who were extrinsically motivated

Maslow (1970) considers the motivation to learn is individualised and influenced by the student's physical and environmental needs before the influence of social needs is acknowledged. He identified a model which illustrated a hierarchy of needs that he claims influences our inclination to learn, and indeed this model is influential within many teacher/mentor preparation programmes of study. However, for some learners, particularly those with a high level of intrinsic motivation, their desire to explore a topic will over-ride their need for the satisfaction of physical needs such as food or safety. Therefore, whilst Maslow's (1970) work offers an insight into motivation, because of the individual nature of learning, the hierarchy of needs does not offer a full understanding of motivation for all learners.

Watts *et al.* (1996) highlight that what motivates people to learn is highly individualised and recognise that motivation often relates to financial reward, job security or hopes of promotion, whilst Tuijnman (1999) maintains that motivation is related to early educational experiences and can be affected by a multitude of factors such as self-image, poverty, future expectations or relevance of learning.

Whilst motivation will affect the progress of student learning, the literature also suggests that their success may also be influenced by their learning style. There is considerable research which has been undertaken into learning styles and the effects of these on the success of learning. In the review undertaken for the *Learning and Skills Research Centre* by Coffield *et al.* (2004a), seventy one models related to learning style were identified, thirteen of which were considered worthy of further consideration, analysis and evaluation. This included the model by Honey and Mumford (1992) which is used regularly with students within my own work area.



However, in further work for the *Learning and Skills Research Centre*, Coffield *et al.* (2004b) found this particular model to be one of the least useful. Indeed, in general the authors of this work found that the influence of learning styles is often over-rated whilst others such as Nixon *et al* (2007) contend that the use of learning style distracts from the process of learning.

Similarly, whilst contending that helping students understand their own learning styles does improve their motivation, autonomy and self regulation, Hall and Moseley (2005) argue that concentrating on student characteristics detracts from the actual process of learning. They recommend students to develop the ability to challenge assumptions which can often lead to new understandings and knowledge. Hall and Moseley (2005) argue this process will increase motivation and inspire new learning techniques.

However, Coffield *et al* (2004) suggest that social class and ethnicity be considered alongside style of learning, as these issues can have a greater influence on an individual's capacity for learning and their motivation to learn.

Similarly, Crowther (2004) and Tuijnman (1999) argue that an individual's ability to learn is affected not only by individual learning style but by issues such as class, race and gender as well as by previous learning experience. Bridger (2007) considers the influence of culture and gender on learning in her research with nurses in the Middle East. She wished to assess the experience of students who were asked to utilise new learning strategies when engaging with specialist nursing knowledge and found that the learning strategies needed to take account of the student's cultural values and

beliefs. The sample group was twenty students and she used a variety of research tools including focus groups, field observation and document reviews. However, Bridger (2007) makes some unsubstantiated sweeping statements and whilst twenty students were involved in the research, she only reports on the findings from five of them. She goes on to generalise her findings to other groups of international students. There is insufficient evidence within this work to substantiate the claims made; therefore the impact of the work is considerably reduced.

However, regardless of the difficulties with Bridger's (2007) work, her findings are supported by the vast quantity of literature that also considers the influence of issues such as culture, gender and race on learning. For example, Mirza's (1992) work which considered the educational achievement of black girls in the UK education system and the work of Davies and Banks (1992) looking at the games primary school age children play. These games reinforced traditional gender roles and the expectations children had of their future choices. Furthermore, the work of Devos (1996) contends that issues relating to gender are overlooked within learning which occurs in the work area, similar to Bridger (2007).

Tuijnman (1999) also argues that an individual's ability to learn is influenced by their social class rather than individual learning style. Again there has been considerable interest in this area within the literature, particularly with the encouragement offered by the New Labour government to increase and widen participation in higher education. For example, Paterson (1992) discusses the effect of social class on the choices made about higher education amongst young people and Connor et al (2001) emphasised that students from lower social classes continue to be under-represented



in higher education. Widening participation amongst different social classes remains a controversial area with some academics such as Charlton (2008 in Clark 2008) arguing that participation in higher education is related solely to ability rather than financial restraints. Charlton (2008 in Clark 2008) contends that working class students have a lower IQ than their middle class compatriots. Charlton (2008 in Clark 2008) bases this view on the results of Mensa findings relating IQ and social class. However, McClelland (1973) contends that IQ tests are both socially and culturally biased as they are based on an expectation of the experience of the individual rather than their intelligence. There is a lack of agreement within the literature about what intelligence tests in reality test and what IQ essentially is. However regardless of the controversial nature of Charlton's (2008 in Clark 2008) comments, there is little doubt that the middle and upper classes are more clearly represented within both higher education and highly paid jobs. Authors such as Tuijnman (1999), Devos (1996) and Davies and Banks (1992) argue this is related to culture and societal expectations rather than IQ.

From the literature it can be determined that whilst learning style and motivation may affect a person's ability to learn, issues such as class, gender and race may have an equal or greater influence on learning.

### ***Reflection as an aid to learning***

A further skill which may influence learning is the ability to reflect on and learn from experience. Indeed, the need to link new learning to previous learning or practical experience has resulted in a growing emphasis on the use of reflection, particularly within nursing, where evidence of reflective practice became one of the compulsory components for registration as a registered nurse (NMC, 1994). Similarly, reflective

practice is becoming incorporated into the basic education of many other professions and reflection is often used to measure the success of linking learning to practice, which then improves practice.

Within reflective practice, the practitioner will reflect back *on* work activity (Schön 1983), that is, their experience and critically analyse the effectiveness of the practice or work activity undertaken. The principle of reflective practice is that consideration of previous practice will result in new learning which will lead to changes to future practice and thus to improving practice and the development of praxis.

Schön (1983) also highlights that reflection can occur *in* practice, that is, the practitioner will reflect on the practice they are currently undertaking and will amend their practice whilst they are performing it. This ensures that the practice that is performed is of a high quality and appropriately meets the needs of the situation. However, this requires a high level of conceptual analysis and expertise to assess the situation and respond flexibly and appropriately. Indeed Schön's (1983) work highlights that concentration on practice does not always encourage the development of conceptual or analytical skills. This is particularly true if the work is routine when expert practitioners may overlook opportunities to consider their practice and the impact on treatment and long term care.

One of the central tenets of reflection is that individual experience is central to the learning process which is a continuous cyclical process with the practitioner developing expertise over a period of time. Schön (1983) contends that a practitioner will come across the same situation repeatedly and will build up a repertoire of



activities to undertake in that situation. The work of a practitioner is developed and improved through a process of justification of their actions based on their experience and the experience of others. However Schön (1983) recognises that the process of reviewing, developing and justifying practice can be threatening or unsettling to the experienced practitioner as it calls into question the decisions they make about practice.

Boud and Walker (1998) also highlight some of the potential difficulties with reflection. For example, they consider “recipe following” (Boud and Walker 1998 p 92). This is where a learner chooses a model of reflection to structure their thinking about practice. However, rather than use it as an aid to deepen their thinking and analysis of the experience, they use the model almost like a checklist working through the stages of the model without fully engaging in the learning process. This reduces the learning gained and their ability to conceptualize practice which impacts on both their learning and practice.

A further area of difficulty identified by Boud and Walker (1998) is uncovering bad practice in others. Here, the practitioner faces a dilemma of reporting bad practice as in whistle blowing, ignoring a situation and therefore becoming complicit, or working with possibly more senior and powerful colleagues to resolve the issues requiring great sensitivity on the part of the practitioner. This causes considerable angst and confusion particularly for the inexperienced or novice practitioner.

Boud and Walker (1998) recognise that the ability to reflect is affected by a wide range of cultural and social issues and that reflection does not necessarily effectively

fulfil its purpose of linking knowledge to practice, as much depends on the skills and background of the individual. Whilst some areas of their work contain unsubstantiated judgements, they do offer much of value to the discussion on the significance and impact of reflective practice.

The concept of reflection is also considered by Eraut (2004), Mezirow (1990) and Hobbs (2007) who agree that reflection can cause many difficulties for the individual thus weakening the link between learning and practice. For example, reflection on a particularly painful experience can be emotionally stressful and thus the depth of analysis may be diminished, reducing the potential impact on practice. Zemblyas (2006) further highlights that reflection can be oppressive and be treated as a form of surveillance a view supported by Hobbs (2007).

This does not however, necessarily lead to a whole scale rejection of reflection as it can be used to measure the success of practice. Indeed, there is a preponderance of evidence in the literature that the effective use of this tool does improve practice. However, the way in which reflection is used by some academics and employers can be unhelpful both to the individual student and the organisation in which they work.

Some employers use reflective practice as part of a supervision process which aids development, learning and impacts on practice. However, much depends on the relationship between supervisor and student, as in the apprenticeship model of learning discussed by Eraut *et al* (1999). The principle of supervision is to offer staff support in developing their skills and knowledge of a particular practice based activity. For example, within nursing all registered nurses should have a supervisor whom they

meet with regularly to discuss practice issues and future development or learning opportunities. Many of these meetings may involve an aspect of reflective practice. As such, the principles of supervision where a supportive learning environment is provided should benefit individuals and improve practice. However, many professions have distanced themselves from the process of formal supervision as it can be seen as punitive rather than supportive (McSherry 2002).

Despite this, authors such as Cross *et al.* (2004) submit their research with healthcare professionals as evidence of the usefulness of reflection in providing evidence of clinical competence, whilst Thorpe (2004) and Yelder (2004) both argue that the ability to critically reflect on experience does lead to improvements in practice. The qualitative projects undertaken by Cross *et al.* (2004), Thorpe (2004) and Yelder (2004) all consider small numbers of students. However, their findings add to the already substantial body of literature which identifies the usefulness of reflection to enhancing practice.

Similar to Boud and Walker (1998), both Thorpe (2004) and Cross *et al.* (2004) highlight some of the difficulties the process of reflection can create. For example, Cross *et al.* (2004) identifies that despite the possible improvements in practice, time restraints can affect the ability of the student to reflect. This affects the effectiveness of reflection and its influence on practice. Thorpe (2004) also recognises that if a reflection is to be shared, a trusting relationship is required for reflective practice to be effective. Unfortunately, neither author expands on these issues or offers any suggestions on how problems can be overcome. Similarly, Yelder (2004) recognises



some of the difficulties involved with reflection, but argues that the ability to reflect is an important part of adult development.

Despite this, Yelder (2004) recognises that there are a variety of personality types and learning styles which can impact on learning and the ability to reflect on practice. This is similarly to the work of Barnett (1999) and Boud and Walker (1998). However, there is little recognition within Yelder's (2004) work of the impact of issues relating to social or cultural background which may influence an individual's ability to reflect.

Regardless of any difficulties with reflection there is little doubt that the ability to review, reflect and learn from practice will remain a requirement of many professions such as education and nursing.

### **Conclusion**

This chapter has outlined the contextual background to the study. There has been discussion of how people learn, looking in particular at the actual process of learning and how this may be identified. Consideration has been given to theories of learning in the workplace with specific emphasis on the work of Lave and Wenger (1991) around communities of practice and the work on apprenticeship models of learning by Eraut *et al.* (1999). These models emphasise the social aspects of learning as opposed to learning style, intrinsic motivation and learning through the use of reflection which emphasises the individual and their capacity or incentive to learn.

The key issues arising out of the literature are that whilst for many, learning is a social activity, the individual may also be influenced by their social and cultural background,



their upbringing, interest in the subject and their motivation to learn, thus emphasising the individual nature of learning.

Having considered aspects of both how people learn and what may influence their learning within this chapter, the following chapter examines the literature relating specifically to learning amongst registered nurses. There is a political and professional agenda to encourage continuous learning throughout a professional nursing career, thus a definition of the term lifelong learning is offered. This is followed by a review of the political and professional agenda which has influenced registered nurses. Some options identified in the literature, which have been offered to nurses to allow them to participate in lifelong learning, are examined.

Finally, the research questions which arose from the literature search and review are identified at the end of chapter three.

## **CHAPTER THREE - LIFELONG LEARNING AND ITS IMPACT ON REGISTERED NURSES**

### ***Introduction***

From the literature search, it was apparent that there were key areas relevant to learning. Issues related to the learning of individuals, including individual registered nurses, were considered in chapter two. In this chapter (chapter three) literature relating specifically to learning and the registered nurse as part of the healthcare system will be considered. The current agenda of political and professional bodies as well as current societal expectations for today's healthcare service, have led to an emphasis on continuous learning and development of nurses.

Therefore in this chapter, consideration is given to the term "lifelong learning". This is followed by a discussion of the political agenda associated with the term, related specifically to nursing and the changing healthcare arena. This includes the influence of professional and political drivers such as the *Modernisation Agency* and documents such as *Modernising NHS Careers* (2006). A number of work-based learning programmes have been developed to address the impact of these initiatives and there will be some discussion of these. Whilst it is apparent that lifelong learning is a professional and political requirement of nurses, this may be at the expense of the individual's lifestyle choices.

The research questions have been formulated through the review and discussion of the literature and are presented at the end of this chapter.

### ***Lifelong learning- what is it?***

There are a variety of definitions of lifelong learning within the literature. For me, lifelong learning occurs throughout the whole of life and includes all learning, both formal which is achieved through a recognised programme of learning and informal that arises from life activities; this may include work or social life. However, Solomon *et al.* (2006) and Livingstone and Stowe (2007) highlight that for many, informal learning is not recognised or seen as of little value. Indeed, Solomon *et al.* (2006) found that whilst much learning occurred in the social spaces between work, such as coffee breaks or travelling to work, for participants within their study this was not viewed the same as learning that occurred purely within academic courses. Similarly, Livingstone and Stowe (2007) established within their research, that participants felt course-based education was the most effective way of learning whilst informal learning gained on the job was of an inferior but complimentary nature.

However, any learning will develop transferable skills and if an individual is viewed holistically then learning throughout the whole of life must impinge on both the individual and their work and as such should be recognised. Harrison *et al.* (2002) identify this as both lifelong and life-wide learning.

Over the last two decades, there has been governmental and business emphasis on the importance of learning related to work practice. This was emphasised by the Leitch (2006) report, which highlighted the need for British education and industry to develop further, thus strengthening the British economy in relation to other first world countries and led to the development of government organisations such as *Skills for Health* and *Lifelong Learning Networks*. These agencies fund and support initiatives



that develop the academic abilities of the workforce and the skills individuals perform within their working life.

However for some, the principle of lifelong learning has created dissonance, with authors such as Crowther (2004) and Coffield (1999) arguing that lifelong learning has become a method of controlling the workforce and intensifying workloads for the benefit of employers. Examples of this in healthcare are the development of new roles for expert nurses such as consultant nurses and advanced practitioners who fulfil many activities which have not traditionally been within their remit but instead carried out by doctors. Whilst these roles do empower and act as a motivational force for some groups of healthcare professionals, there is undoubtedly a change to healthcare provision and a reduced cost to the taxpayer. The new roles have led to an intensification of the individual workloads of nurses who are evidently paid less than doctors. Crowther (2004 p 127)) calls this “flexible specialization” where employees are encouraged to take on new roles as part of a cost-cutting exercise.

Crowther (2004) goes on to assert that flexibility within the workforce is vital for the success of economic policy and claims that the responsibility for learning has been placed on the individual, with participation in lifelong learning becoming a requirement rather than a choice. If an individual has been reluctant or unable to participate in learning they can find themselves at risk of unemployment particularly in the current job market. Crowther (2004) highlights that this leaves individuals open to exploitation. This is particularly true for less powerful, more poorly paid groups of workers. Indeed, Barnett (1999) contends that lifelong learning can be threatening and undermine self-esteem both through implicit and explicit expectations of the



workforce. Many healthcare professionals concur with this view which has resulted in a rise in the number of experienced professionals leaving the NHS (BBC on-line 2004, and Rose 2008)

Whilst Crowther (2004) presents a convincing argument through the passionate delivery of relevant issues related to lifelong learning, a more balanced view is expressed by Zemblyas (2006) who uses the principles of Foucault to structure his argument. However, both Crowther (2004) and Zemblyas (2006) state that often the requirements of the organisation, rather than the needs of the individual, are acknowledged through the principles of lifelong learning.

### ***Professional and policy drivers***

Foxall and Tanner (2008) write that the NHS is a dynamic organisation which requires the staff working within it to engage with research, new technologies and new treatments. Certainly, government initiatives that led to the development of the *Modernisation Agency* stress the value of underpinning knowledge for advancing clinical practice and lead to an expectation that nursing staff should be clinical experts who are able to conceptualise practice using higher academic level skills. This expertise is rewarded through promotion up the skills escalator (DH, 2006) with the accompanying financial recompense.

Similarly, the professional and regulatory body of nurses, the NMC, requires nurses to carry out some work-related education or skills development each year if they wish to remain on the nursing register. Morgan *et al* (2008) assert that the threat to remove nurses from their gainful employment, if they do not partake in work-related learning activity, is a sanctions-based approach not used by other professional bodies such as

the society of radiographers. This reiterates the position of Crowther (2004) regarding compulsory involvement in lifelong learning, as there is an requirement that nurses will be actively involved in expanding and improving their skills, knowledge and expertise, thus fully participating in lifelong learning.

Other government policy such as *Agenda for Change* (2004) and *Modernising NHS Careers* (2006) have resulted in an expansion and development of healthcare roles. The development of new roles within healthcare delivery has led to an expectation that registered nurses will develop new skills and different ways of working whilst demonstrating a high level of cognitive and analytical skills. Those who have not demonstrated the cognitive abilities to enable them to foster these skills and new ways of working, or who are unable or unprepared to develop them, are being marginalised from the new opportunities that are arising for highly paid and accountable practitioners.

Moore (2007) considers the changing roles within the NHS, highlighting that traditional boundaries between careers are being eroded and challenge the traditional identity of some healthcare workers. She goes on to highlight that consultant nurses now perform many of the activities junior doctors have traditionally fulfilled, such as out-patient clinics and prescribing of medication. Thus, doctors are required to relinquish part of their traditional role. Similarly, nurses have given up some of their recognised skills and assistant practitioners have taken on many of the roles registered nurses traditionally performed, such as patient assessment and delivery of daily care. This results in de-skilling highly qualified and experienced staff so that they are no longer competent to undertake the skills they traditionally fulfilled. Expanding the

remit of one group of staff will have an impact on other groups of staff (Chalmers *et al.* 2001). However, Morgan *et al* (2008) argue that healthcare professionals are ill-prepared for the changes in their roles, highlighting that formal learning does not necessary prepare a practitioner for their new role and does not automatically imply competence. Similarly, work-based learning may not provide the underpinning knowledge required to become an expert practitioner.

Moore (2007) also contends that changes in role specifications have affected power structures within the health service, as expert professionals are asked to share their knowledge and expertise with other groups of workers. She argues that the culture of the NHS has already changed from an illness model where the doctor dominated, to a more inter-professional one, using health promotion strategies and including the views of the expert patient.

Chalmers *et al.* (2001) maintain that this shift in culture is required to ensure the NHS becomes a lifelong learning organisation and emphasises the need for a multidisciplinary approach to the development of new roles. For Craddock *et al* (2006), effective inter-professional learning will enable staff working within the health service meet the requirements of government initiatives and address issues related to the culture of working in the NHS. They argue,

Inter-professional learning will improve the exchange of knowledge and skills enabling mutual understanding and respect to be established.

Craddock *et al* (2006) p 221.



Similarly, Moore (2007) contends that the sharing of knowledge and expertise will lead to a more efficient lifelong learning organisation.

However, there is little recognition in Moore's (2007) work of the difficulties that may occur as a result of this change. Moore's vision of the NHS is rather naive as changes in power structure have already created widespread dissonance and suspicion within healthcare, and have been the subject of many debates within both government agencies and the media. Examples of this can be found in the official enquiries into the treatment of children and their families at Bristol Royal Infirmary (Kennedy 2001) and the enquiry announced by the Health Secretary, Andrew Lansley, into the mistreatment of patients at Mid-Staffordshire NHS Foundation Trust. Both of these episodes have been blamed on a culture of fear and the misuse of power.

Davies (2002) asserts that whilst there has been considerable organisational change within the NHS there has been very little change to the service that is offered to patients. He continues by writing that in healthcare there are a collection of subgroups, each with its own culture, for example doctors, nurses and therapeutic specialists such as physiotherapists. Sometimes the values and beliefs of these subcultures will overlap but often there will be considerable differences. This is similar to the work of Becher and Trowler (2001) on academic tribes and work of Lave and Wenger (1991) on communities of practice.

However, Wilson *et al* (2006) found in their research that a series of intensive interventions over a two year period aided the development of a supportive learning environment in a special care nursery unit. This included a change in the relationship

between the doctors and nurses so that a more equal partnership in the decision making processes was developed. Wilson *et al* (2006) highlighted that whilst some of the team remained isolated, the majority of staff were prepared to work more collaboratively taking a team approach to care which resulted in a more appropriate learning environment and encouraged staff to participate in lifelong learning.

Whilst Wilson *et al* (2006) had considerable success in developing a learning culture, interventions were resource intensive and spread over a two year period. Widespread use of the strategies they identify would require considerable investment. However, regardless of concerns about the culture and power structures in the health service, the aims of the *High quality care for all: NHS next stage review* (the Darzi review 2008) calls for a coherent team that moves forward in the same direction.

The Darzi review (2008) similarly calls for supportive work environments and a culture of transparency and fairness. Darzi (2008) highlights the need for stronger clinical academic careers and attractive career packages that will appeal to staff of an appropriate calibre who wish to work in the NHS. The publication of Darzi (2008) reinforced the decision of the NMC to reform pre-registration nursing. This has resulted in initial nurse registration programmes being raised in 2013 to degree level rather than diploma level.

The decision to raise initial nurse registration programmes to degree level has created dissonance and angst within the current workforce of nurses as many of them are only educated to diploma level. From 2013 however, they will be expected to support and assess the practice of pre-registration student nurses working at a higher academic



level than they have themselves achieved. Over recent years, this has led to a significant increase in the activity of the higher education institutions and their partner health economies. These organisations provide nurse education and have worked with the current workforce to ensure all nurses who will be working with student nurses achieve degree level qualification.

Darzi (2008) and *Skills for Health* (2010) further heighten the need for effective and high quality education within the continuous professional development of staff working in the health service. Whilst the *Skills for Health* (2010) document highlights that three-quarters of health sector establishments have a training plan in place, they also identify that there have been too few opportunities for training. Those that have been available are too low level to meet the requirements of the job. Indeed *Skills for Health* (2010) support the regulation of advanced nursing practice and recommend that advanced or consultant nurses are educated at least to Master level.

Similarly, Darzi (2008) highlights the need for suitable education that underpins the skills required to fulfil a role and emphasises the importance of a strong correlation between research, theory and practice. This document stresses the need for a flexible approach to continuing professional development and recognises the importance of work-based learning. However, Darzi (2008) accentuates that the relevance of this activity must be clearly linked to the role of the practitioner.

Morgan *et al* (2008) assert that despite the emphasis on continuous professional development and lifelong learning, there has been a lack of commitment to provide the required resources to meet this need. Indeed, in their research they found that NHS



trusts were rationing continuous professional development activity, with line managers often blocking opportunities because of their concerns about meeting targets and standards of care. Thus, lifelong learning was seen as an obligation but there were no additional resources to support it. This resulted in a shift in the onus of career development onto individuals rather than organisations, leading to inadequate succession planning (Morgan *et al* 2008).

The response to Darzi's (2008) recommendation that all staff have personal development plans and the requirement that appropriate careers advice be readily available for staff, has yet to be assessed. Similarly, regardless of the emphasis in the need for greater investment in continuing professional development highlighted in *Front Line Care* (2010), it remains to be seen what the impact of budget cuts are following the election of a coalition government.

Despite this conflict, there is little doubt that government policy will ensure the NHS is driven forward to meet the needs of the twenty-first century with changes to careers and delivery of healthcare services. This will impact on the educational requirements of those working in healthcare as they strive to increase their clinical expertise and meet governmental and professional requirements that they should be fit for practice as well as fit for award. This strengthens the importance of theory informing practice and vice versa, that is, praxis.

### ***Work-based learning and the accreditation of prior learning (APEL)***

The concept of praxis can be defined as the reflection on practice which leads to a refinement of related theory (Thorne and Hayes 1997). This in turn enhances practice.

Thus praxis can be seen as a cyclical process and relates to the development of

practice through the amalgamation of theory and practice. This concept is based on the assumption that learning will take place in practice and further emphasises the value of programmes of work-based learning.

Certainly, as a result of the new roles and job descriptions identified by the *Modernisation Agency*, there has been increased interest and expectation of academic recognition and support to enable the workforce to meet the requirements of new roles. For example, the *NHS next stage review* highlights that advanced and consultant nurses should have already achieved a master's degree before commencing the role. Whilst many senior nurses have a great deal of expertise, they have not always achieved the accompanying academic qualifications required for the new roles. As such, they are barred from applying for these posts.

Thus, those working in healthcare are increasingly encouraged to actively participate in learning that can be measured against academic criteria. Similarly, there is increasing pressure on many NHS trusts to ensure that staff working in their organisations, are appropriately educated and skilled, particularly with the NHS move toward Foundation Trust status.

Since the publication of the Dearing Report (1997), there has been a rapid increase in work-based learning programmes where academic credit is awarded for learning that takes place in the work area, as in an APEL process. Indeed, whilst the impact of the Leitch report (2006) and *NHS next stage review* (2008) is yet to be fully assessed, the emphasis on the development of skills is likely to further encourage work-based

learning programmes and the award of academic credit for learning that takes place in the practice area.

Programmes of work-based learning have been developed by many universities, particularly those created post-1992. The university where I work was the first in the region to develop such a programme. The participants in my research project are already registered nurses, who are either enrolled on a work-based learning programme or have completed the programme within the last year. Whilst the majority of this group have a high level of clinical expertise, many of them do not have the accompanying academic qualifications and thus cannot further advance their careers. Whereas many of the learners are undertaking this programme to enhance their practice whilst continuing to work in their area of clinical expertise, others are enrolled to enable them to apply for promotion.

However, Armsby *et al.* (2006) claim that the underlying principle of work-based learning has created difficulties for some universities as it challenges their traditional assumptions. For example, there is concern about the control, ownership and acquisition of knowledge which some universities feel is owned by academia and can only occur in educational settings. Nikolou-Walker and Garnett (2004) maintain this is particularly true of more traditional, pre-1992 universities whilst Zemblyas (2006) contends that recognition that learning can take place in the work area requires a paradigm shift as knowledge is de-institutionalized. This raises issues relating to what knowledge is and who owns it.



The term *knowledge* is commonly used in two ways: knowledge about facts and information and knowledge about how to do something. However, the body of knowledge is constantly growing and developing as new details are uncovered. Thus, whilst known facts may be in the public domain, (although these can often only be accessed through formal study), new facts usually become known either through research type activity or through work activity as more effective and beneficial ways of working are uncovered.

Further contention is raised when considering ownership of knowledge. For Morgan *et al* (2008), knowledge is owned by the individual whilst for Yandell and Turvey (2005) ownership belongs to the community. Similarly many academic institutions argue that knowledge is owned by academia. Thus if, as is often the case, research is carried out in conjunction with or by an academic institution, ownership belongs to the academic world. However, knowledge arising out of practice is owned by the individual though it is often shared with the community in which they work. These issues are of relevance when considering learning that has occurred from work-based learning and APEL activity, as any academic credit which is conferred is awarded to the individual rather than the community or academia.

Regardless of these issues, Hamilton (2006), Felstead *et al.* (2005), and Solomon *et al.* (2006) all argue that despite the development of accreditation of prior learning systems and recognition of clinical knowledge by academic institutions, formal knowledge gained in an academic environment is still given more value by present day society, than informal expertise.

Whilst the principle of work-based learning creates difficulty for some, the definition of work-based learning also appears contentious within the literature, with disagreement over the nature of work-based learning programmes. Some authors such as Rhodes and Shiel (2007) describe a work-based learning programme which is very prescribed and has a large element of classroom teaching to the detriment of learning in the work area. Other authors such as Moore (2007) identify the importance of the learning which occurs in the workplace which is then awarded academic credit. My own experience of work-based learning fits with that described by Armsby *et al.* (2006), where students identify learning which will take place in the work area, set and present their own assignments which are marked against general academic level descriptors and are then awarded general academic credit. There are very few prescribed modules of learning within the programme. Students are counselled that a proportion of each assignment should identify, and reflect on, the learning that has occurred and the impact this has had on practice. Thus the emphasis of the programme is about learning that occurs in the workplace which arises out of and influences practice. Learners are encouraged to refer to recent research or developments to question, enhance or change their practice thus developing the ability to evaluate, justify and conceptualize the care they either give or oversee.

Lester (2007) and Nikolou-Walker and Garnett (2004) assert that work-based learning programmes and the use of APEL systems should ensure specialist staff are not required to leave practice areas for regular classroom attendance. Whilst this should reduce difficulties for a health service that is already stretched, it further emphasises the importance of the demands of the service. Work-based learning programmes and APEL can meet the needs of practitioners who wish to seek further advancement but



find they cannot be released from work in order to achieve this, but this may be at considerable personal cost. However, these opportunities for the recognition of learning do meet the requirements of Darzi (2008) for flexible and innovative approaches to learning. Certainly, work-based learning projects potentially improve practice and therefore should help NHS trusts meet government targets and initiatives for effective and efficient methods of working (Foxall and Tanner 2008).

A further issue that has affected education, especially in healthcare, has been the insecurity of funding opportunities for students to participate in academic study, particularly as educational budgets have been used to support clinical necessity within cash impoverished NHS trusts. Despite the rhetoric of the *Modernisation Agency*, many healthcare professionals find that they are unable to progress in their careers without academic qualifications and are also unable to secure funding or time out from work in order to study. Thus, they study on top of full-time careers and family life, funding their formal education themselves. However, this does not encourage learners to study towards meeting the needs of the employing organisation and learning will often be based purely on individual learning need. For Nikolou-Walker and Garnett (2004) knowledge by itself is of no value to an organisation as to be most beneficial, it must link with performance and organisational aims. However, an increase in academic skills encourages the development of analysis and synthesis supporting skills of evaluation and justification and, as such, will be of benefit to the organisation as these skills will be transferred to working life and will influence performance and practice.



Programmes of work-based learning should have a positive impact on practice and indeed this theme appears throughout much of the literature. Authors such as Rhodes and Shiel (2007), Chapman (2006) and Armsby *et al.* (2006) contend that work-based learning programmes by their very nature have an impact on practice. However, none of these authors provide evidence to support this assertion. Francis and Humphreys (2000) highlight that direct evidence to support changes in practice resulting from learning are difficult to uncover. Similarly, Nikolou-Walker and Garnett (2004) contend that learning is difficult to identify because much of it has been internalised. However, many changes in practice will occur through a gradual process over extended periods of time, therefore the impact of learning on practice is often not seen for some months. In my own research, I included students who had completed their course of study within the last year to ensure that they had had the time and opportunity to action any changes in practice they felt were necessary as a result of undertaking the work-based learning award.

Support from the immediate manager is imperative if students are to be enabled to carry out work-based learning projects, although often the manner of this support is unclear. What is apparent from the literature (Yandell and Turvey 2005, Nickolou-Walker and Garnett 2004 and Felstead *et al* 2005) is that the relationship and social interactions a learner has with their colleagues plays an important role in supporting and stimulating motivation. Eraut (2005) also highlights that an effective relationship with colleagues and managers will ensure that projects link effectively to the needs of both the student and the organisation. A principle of many work-based learning programmes which further emphasises the significance of learning to work is the tripartite agreement between student, employer and university. All parties should

agree to the proposed programme of learning and offer appropriate support. Yandell and Turvey (2005) found that lack of support from managers to enable students to carry out work-based learning activities required for their programmes of learning had a major effect on student progress.

### ***Summary of the literature review and the development of the research questions***

A broad review of the literature relating to the learning of nurses has been undertaken considering individual, political and regulatory aspects. From the literature it is apparent that for many, whilst learning is a social activity, the individual may also be influenced by a variety of individual traits and experiences, emphasising the individual nature of learning. However, a review of the political and professional agenda highlights that the culture of lifelong learning is a requirement for nurses which is unlikely to change in the current climate.

The perceptions and experiences of individual nurses about their practice learning however, are not widely discussed in the literature. This is an important area, as an understanding of the views and experiences of nurses will assist in the development of programmes of learning and support that meet the needs of individual nurses as well as the modern healthcare service. To address this gap in the literature the following research question will be addressed in this project.

#### **How do registered nurses learn about practice?**

Sub questions to this are

What factors influence and affect the learning of registered nurses?

Are there external factors which affect their progress?



To address these questions, a qualitative hermeneutic approach will be taken. This will be considered further in chapter four.

### **Conclusion**

This chapter has considered the literature relating specifically to learning and the registered nurse as part of the healthcare system. A definition of the term “lifelong learning” has been offered. This was followed by a discussion of the political agenda associated with the term, related to healthcare and the changing healthcare arena. Professional and political drivers have been considered as well as the societal expectations for today’s healthcare service. The literature identifies that a number of work-based learning programmes have been developed to address the needs of nurses and there is discussion of issues related to these programmes. Whilst it is apparent that lifelong learning is a professional and political requirement of those working in healthcare, this may be at the expense of the individual’s life style choices.

The key issues arising out of the literature discussed in this chapter are that the political agenda will drive forward change in the health service through the development of new roles whilst the boundaries of tradition roles are eroded. Opportunities are available to help nurses develop their skills and expertise. However the views of individual nurses about these opportunities and their experience of them are not widely discussed. This has led to the development of the research question and sub questions to address this gap in the literature.

The following chapter explores the research methodology and data collection tools used within this project. As I am seeking to interpret the perceptions and experiences of registered nurses, a qualitative hermeneutic approach is taken to carry out focus



group discussions. Data were analysed through the use of Creswell's (2008) spiral of analysis. There is a discussion of this tool and how issues relating to the data analysis were addressed.

## **CHAPTER FOUR – RESEARCH METHODOLOGY**

### ***Introduction***

This chapter considers the research methodology used to address the research question

**How do registered nurses learn about practice?**

and sub questions

What factors influence and affect the learning of registered nurses?

Are there external factors that affect their progress?

The research position was influenced by my desire to explore the feelings, experiences and perceptions of the sample group that further influenced the choice of research tools and methods of analysis. These are considered in this chapter. A hermeneutic approach was used which is commensurate with my epistemological and ontological position. Detail of the study population and research sample is provided together with some discussion of the pilot study. Also in this chapter, there is consideration of the ethical issues affecting the study.

### ***Ontological and epistemological position***

For me, individuals are distinct from each other, each having their own feelings and views based on their experience and background. Indeed, the individual nature of human beings is what fascinates me. I believe that there is a cyclical nature to human behaviour, in that, not only are an individual's views influenced by their history, but their future will also be influenced by their views. Therefore, individuals fashion their own social world that is based on their experience, which is subjective and individualised, according to their history, gender, ethnicity and culture (Nolan and Behi 1995). My ontological position can be summarized as a belief in the distinctive

nature of human beings, who experience issues (in this case learning) in a discrete and highly individualized fashion. For me, an appreciation of the individual nature of human beings is imperative to understand the social world.

My background is in nursing and I have worked with the participants in this project, supporting them through an educational programme related to work-based learning as part of my own work activity in a Higher Education Institution. Whilst my own experience influences my views and opinions, Heidegger (1926 in Bryman 2008) argues, that a true understanding of human behaviour cannot be gained, without first understanding the framework in which participants interpret their own feelings and perceptions. Thus epistemologically, I could be considered to have a close relationship with participants and an empathetic understanding of their viewpoint. As each participant had a different experience, I was not an insider. However, I was able to recognise and empathise with some of the issues they raised. Through this research, I was able to interpret participants' views about their learning in practice, and situate this in the current social and cultural contexts of healthcare.

### ***Research paradigm***

In this project, I aimed to investigate participants' feelings, perceptions and experiences of issues related to their learning about practice. A hermeneutic approach was used to enable an in-depth exploration through the collection of verbal and written data that was detailed and meaningful to participants. The process of data analysis ensured that the views of participants remained in the forefront, and that the findings were based on the evidence provided by participants. Because of the diverse nature of the individual realities expressed by participants relating to learning about practice, prediction and explanation could not occur. However, interpretation and understanding was achieved. Bryman (2008) highlights, that the ability to explain and



predict behaviour, and the ability to interpret and understand it, is a major difference between a positivist approach and a hermeneutic approach to research.

Using a hermeneutic approach allows the researcher to immerse themselves in the research to discover the “emic” perspective, that is, the insider’s point of view (Holloway and Wheeler 1996). This was particularly suitable for this piece of research as it was based on the premise that the participants, who are the insiders, were best placed to provide data on their own experiences and feelings. Using this approach allowed the collection of rich, detailed and reflexive data, thus providing the opportunity to explore the reality of learning about practice from the participant’s experience.

### ***Theoretical framework***

This study is underpinned by both socio-cultural and individual theories of learning. In socio-cultural theories, learning occurs in the context of larger cultural and societal contexts and whilst these contexts are shaped by those involved in them, they are also influenced by political and global developments. The participants in this project have undergone individual learning experiences influenced by their social and cultural backgrounds but will also have been influenced by the political and global agenda.

The theories underpinning the framework for this study included both, the social constructive models of learning such as communities of practice, where learning is shared (Lave and Wenger 1991) and those that expound a more individual approach to learning such as Mezirow (1990) and Coffield (1999).

### ***The data collection process***

Following Yin's (2003) principles of using multiple sources of evidence, data were collected in a range of ways. Demographic information was gathered to situate the sample group and using a hermeneutic approach, written and verbal data were collected through the use of a series of meta-planned focus groups.

### ***Collection of demographic data***

Demographic information was readily available on the university database and permission to use this information for the purposes of research is provided by students on their application to the university. This type of information highlighted whether a particular group had chosen not to be involved with the research as well as situating participants by age, gender and ethnic background. In the literature review, the demographic background of individuals was found to be influential in the learning process and whilst I make no attempt at generalising the findings, demographic information will aid other researchers wishing to assess the appropriateness and significance of this research to their own situation.

### ***Collection of qualitative data - Focus groups***

A focus group is a meeting of a group of participants and the researcher to consider a specific topic, in this case the participant's experience and feelings around learning about practice. Bowling (2002) highlights that focus groups are a useful tool to allow a detailed exploration of the feelings and experiences of participants, whilst Chioncel *et al.* (2003) contends that focus groups have become a major tool for the collection of this type of data in the international research arena. The use of focus groups effectively provided the type of data required to answer my research questions and linked with both my ontological beliefs and epistemological stance.

One of the major advantages of a focus group is that the dynamics of the group can stimulate discussion ensuring a great deal of data is gained in a relatively short period of time (Bryman 2008). However, unless the focus group is carefully managed there is the potential that only a few members of the group will participate and less confident members of the group will not share their views that are of equal value (Bowling, 2002). Conversely, some students may be more prepared to share their views if they feel they will be supported by the rest of the group. Careful facilitation can effectively overcome these difficulties.

Skilled facilitation can also overcome a further difficulty with focus groups, which is that the group setting could encourage participants to only express views that are culturally acceptable (Bryman 2008). However, the difference between privately held and public views can and should be sensitively explored in the discussion, as this could affect the findings and effectiveness of the research. Careful and detailed analysis of the discussion can aid the researcher in understanding the privately held views of participants.

To draw out the private views of individuals in a focus group setting, the researcher is required to have excellent communication skills that encourage participants to reveal views and feelings they may normally hide. Kvale (1996 in Bryman 2008) identifies 10 characteristics that make an interviewer successful. This includes attributes such as an open, sensitive and gentle personality who is prepared to challenge inconsistencies and interpret the words of the participant without imposing their own meaning. As such, the interviewer must be skilled at drawing information from participants in a non-threatening and non-judgemental way.



Chioncel *et al.* (2003) offer some useful preparatory suggestions for organising focus group discussions, such as ensuring clarity of the research question and comprehensive methods for identifying and recruiting participants. Clarity of the research question can help overcome a further problem that can affect focus groups that is, that the discussion can divert to other topics not relevant to the research. A further method of overcoming this is to structure the focus group in such a way that the discussion remains focused on the topic under investigation. An example of this is the use of meta-planned focus groups (Davies *et al.* 2001). This strategy also overcomes the difficulty of ensuring all group members participate (see appendix one).

In a meta-planned focus group, all participants are asked to individually write a series of responses on a post-it, (one post-it per response), to two or three specific issues. All participants then work together in discussion groups to categorise the individual post-its giving each category a title. Participants are then asked to individually rank the categories in order of importance. This structure enables all participants to express their views and contribute in the categorization of responses. Thus, using meta-planned focus groups ensures participants are actively involved both in data collection and in the development of themes that can then be analysed by the researcher. This process will also ensure the *confirmability* (Lincoln and Guba 1985) of the data collected. Lincoln and Guba (1985) define the term *confirmability* as the researcher's ability to demonstrate they have acted in a fair and appropriate fashion and that personal values of the researcher have not been allowed to influence the conduct or findings of the research.

During meta-planned focus groups, the data are first collected from students in a written format, thus providing written data for the researcher. This is followed by a discussion amongst the participants, during that time the researcher listens to the ensuing discussion and takes notes that will contextualise this data. This provides the verbal data of this research tool. Davis *et al.* (2001) suggest that meta-planned focus groups are audio-taped to enhance the written comments of participants as without this, whilst the end results will be captured in written format, much of the discussion leading to final decisions of the themes will be lost. An audio-tape of the discussion will enhance the written data and will make a valuable contribution to the findings. However, audio-taping the discussion can create further difficulties for the researcher as this focus group format facilitates group discussion and it is likely that participants will talk over each other, thus the transcription of an audio-tape can be problematic.

According to Bowling and Ebrahim (2005), selective transcription of audio-tapes can overcome some of the difficulties with transcribing focus group discussions where some of the material gathered is irrelevant to the research or participants have continually spoken over one another. Selective transcription entails listening to audio-tapes several times until the researcher is able to pick out comments that are relevant to the research topic and recognise voices, following the argument and nuances expressed by a particular participant. Selective transcription does however, require the researcher to listen to the audio-tapes on several occasions, checking that the transcription truly reflects the discussion and arguments of individuals (Bryman 2008) without allowing their own bias to influence the final transcription.



## ***Population and sample***

The participants for this project were gathered through a convenience sample of all registered nurses currently studying the work-based learning awards with the Higher Education Institution where I work. I also included those who had completed the awards in the previous 12 months as I felt they would have had the time to reflect on the learning that had been gained in their programme of study. Participants were invited, either by email or letter, to attend a focus group discussion. However, those who were currently taking a break in study for personal reasons were not contacted. Non-response was interpreted as a desire not to be involved. The final sample group consisted of just fewer than 13% of the total target group. Participants were asked to email a standardised consent statement to me (appendix two). On receipt of this, I arranged their involvement in the project.

The participants involved in the research were representative of the convenience sample. Although there were two men who agreed to participate, the majority of the group were white female nurses working in an adult care environment. Only one participant in the group worked in the mental health area and there were no nurses from either the learning disability or child fields of nursing.

The participants were registered nurses with up to thirty years of clinical experience. As such, the group were appropriately qualified to share their perceptions and feelings of learning about practice. The majority of participants were already educated to degree level on commencement of the work-based learning programme, thus they had experience of more traditional methods of learning that may be useful when they



considered their feelings and perceptions about learning in practice (Morgan *et al* 2008).

### ***Operationalising the meta-planned focus groups***

Once participants had given their consent to be involved in the research, they were contacted and given the time for one of the focus groups. If they were unable to attend on that date a further date was arranged. Originally, 27 participants agreed to take part in the focus groups so I arranged a series of 6 focus groups over a 4 month period and anticipated up to 5 in each group. However, over this period there was a pandemic flu outbreak and participants cancelled at the last moment. This left 18 participants who were actively involved in the research.

During the focus groups, participants were asked to individually identify, in writing, 3 barriers and 3 drivers to learning about practice. The format described by Davies *et al.* (2001) was followed (see appendix one). Once the written categories had been identified, a discussion relating to these was facilitated and audio-taped. Participants were asked probing, open questions, such as “tell me about that”, relating to the categories and their experiences and feelings. Checks were made of what participants said by summarising their comments when required (Denscombe 1998) thus ensuring accuracy in my understanding.

Whilst the groups were small this proved advantageous, as issues raised by participants were fully explored in the group without the need for any follow-up. Structuring the groups using a meta-planned approach proved useful as participants have time to consider some of the issues surrounding their learning in the workplace before the discussion commenced. Participants were encouraged to be actively

involved in the discussion through the use of this exercise. Their participation was further encouraged through questioning by the researcher that helped clarify their views.

For one focus group, three people had confirmed their attendance but on the morning of the meeting, two of them cancelled. This left one participant for this focus group that was very disappointing. However, I decided to proceed as the participant had travelled some distance. I used the same format as the other focus groups and a collection of probing and follow up questions as well as interpreting questions where I summarized what I felt the participant had said, checking that my understanding and interpretation of their comments was correct. The interview was audio-taped that resulted in the collection of some insightful data.

### ***Use of audio-tape***

The discussion that took place in the focus groups was audio-taped. These were not transcribed as participants talked over each other making precise transcription difficult. However, a process of selective transcription occurred (Bowling and Ebrahim 2005) where tapes were repeatedly listened to, enabling me to pick out key comments that either led to further discussion or summarized feelings and views expressed. This also enabled me to pick out and follow voices so that I was able to hear an individual's whole comment and the nuances applied to it (Bryman 2008).

### ***Limitations of the research tools and sampling method***

A total of eighteen participants were included in the research sample. This small number of participants is not uncommon in qualitative work. Indeed, Patton (1990)

highlights that there are no guidelines for the sample size in qualitative research where the aim is to collect rich, detailed information and Bowling (2002) argues a small sample is a common feature of qualitative research, as the researcher seeks to provide a rich insight into a social phenomenon thereby increasing our understanding of it. Holloway and Wheeler (1996) argue that large samples in qualitative research often lack the depth of exploration that small samples achieve. The aim of this study was not to generalise findings to other areas, but to gather data that explored the phenomenon. The findings of my research will enhance understanding of how nurses learn about practice.

### ***Pilot study***

A pilot study was carried out with a group of participants who had commenced the work-based learning programme at my employing institution. There was an equal mix of undergraduate and postgraduate participants. For the purposes of the pilot study, a focus group discussion using a meta-planned format as described earlier was carried out. This was to test the logistics and adequacy of the research tool enabling the researcher to identify and rectify any problems with the research design before carrying out the main study (Cormack 2000).

The format of the focus group worked well and there was certainly an abundant and lively discussion that generated a large amount of data. Whilst I was able to effectively facilitate and manage the group, much of data was missed as the participants were talking over each other. As a result of this, a decision was made to reduce the overall size of the groups in the project itself and ensure the discussion was audio-taped.



Bell (1999) contends that undertaking a pilot of the chosen research tool ensures the effectiveness of the tool that is, the tool enables the researcher to collect data that addresses the questions and can be used again with the same group with similar results. Whilst the pilot study demonstrated the success of the tool in gathering data, it was evident that the question asked to stimulate discussion required further consideration.

Defining the statement that would start the discussion was of vital importance and should closely relate to the research question (Chioncel *et al.* 2003). Following the pilot study, I reconsidered and refocused my research question that enabled me to identify a more appropriate opening statement. This resulted in the collection of data that accurately reflected the research question.

### ***Analysis of the data***

As with much qualitative data, the findings from my research are subjective and individualised and thus the generalizability to other groups or situations may not be apparent. Indeed, Bryman (2008) highlights that in qualitative research there is no requirement for results to be generalizable to other groups. For Hammersley (1993), the experience of many research participants is so diverse that generalizing findings is inappropriate, whilst Schofield (1989) contends that a more suitable term is *fittingness*, in that the research findings can fit similar situations of interest and scenarios. Lincoln and Guba (1985) use the term *transferability*, that is, the results are transferable to other situations. Lincoln and Guba (1985) recommend that situations should be analysed to assess if they are similar enough for the findings to be of significance. Whilst the findings of my research are subjective and individual, they may be

transferable to or fitting for other similar scenarios and situations but the relevance to each situation will need to be individually evaluated.

According to Miles and Huberman (1994) the process of data analysis is one where raw data is reduced, displayed and conclusions drawn in a process of data transformation. In this project, the raw data collected was coded and thematic content analysis undertaken. Mays and Pope (1995) describe content analysis as a systematic review of data through a process of coding material, categorising it and developing it into themes, whilst Grbich (1999) refers to this process as iterative; that is, collecting data from areas of real-life, reviewing and reflecting on it and then either returning to the data or collecting additional data to clarify or further explore issues of interest.

Burnard (1991) highlights that the quality of analysis is dependent on the skills of the researcher and the rigour they apply to the data. Several models of analysis were considered (Burnard 1991, Miles and Huberman 1994) before a decision was made to use Creswell's (2007) spiral of analysis. The use of this model was helpful during the data analysis phase, as there was continuous movement and amendment between coding and the development of themes as data were checked and rechecked, enhancing the depth and effectiveness of the analysis. Use of Creswell's spiral ensured that I developed insight into the views of participants, enabling me to draw out meaning from their words and developing an appreciation of their experiences, perceptions and feelings.

### ***Creswell's (2007) spiral of analysis***

Creswell (2007) highlights that analysing qualitative data is often individualised and rarely follows a linear pattern. Instead, the stages of data collection, analysis and report writing are merged, with the researcher moving from one stage to another and then back again. Similarly, Bryman (2008) argues that in qualitative work, the researcher will often collect some data, analyse it and use the results of this analysis to influence the collection of future data. Creswell (2007) represents this process as a spiral of activity that encourages the researcher to move through the various phases of managing data in a cyclical manner, rather than moving directly from one stage to the next. The process consists of immersion in the data, coding material in the data, reflecting on this coding before organising the codes into categories that can be analysed and then organised into themes, which can be further analysed. Throughout the process, the researcher reviews and reflects on the data, codes and categorisation, to ensure the findings truly reflect the views of participants. The categorisation of the data will include description and interpretation of the data, supported by examples of participants' own words.

### ***The process of coding***

The process of coding consists of reading the data on several occasions, breaking it down into component parts and giving each component part a name that summarizes what has been said (Charmaz 2006).

Coding is the pivotal link between collecting data and developing an emergent theory to explain the data. Through coding you define what is happening in the data and begin to grapple with what it means.

Charmaz (2006 p 46)



Bryman (2008) recommends that the researcher listens to the data on several occasions to get a feel for what is said and the manner in that comments are made. Once comfortable with the data, the researcher should make notes such as keywords or a summary of what is being said. This becomes the coding that should be reviewed and amended as required in relation to the data (Charmaz 2006). However, Bryman (2008) cautions that the whole process of coding can lead to a loss of context as chunks of text are removed from the whole, therefore it is important to consistently refer back to the data to ensure the inferences of the discussion are not lost.

Codes can be connected through the process of analysis that will result in a reduction in their number and lead to the development of categories. During this process, the researcher searches for connections between codes with the aim of reducing the overall number of codes. Creswell (2007) recommends a maximum of 30 categories whilst Bryman (2008) argues that many categories can initially be developed, but these will be further reduced through the process of analysis.

During the analysis and categorization process, care must be taken to ensure that the resulting categories truly reflect the content and meaning of the discussion. Again, Bryman (2008) highlights that the process of categorization can reduce the emphasis and importance an issue has been given by participants. Miles and Huberman (1994) suggest that the frequency of codes appearing in categories be identified as this may help to demonstrate the importance to participants. However, Creswell (2007) argues that this implies that all codes should be given equal importance whereas the discussion may not reflect this. Therefore, throughout the process of coding and

categorization there is a requirement for the researcher to refer back to and reflect on the data to ensure the analysis is justified.

Once categories have been identified, these are further analysed and combined, resulting in a reduction in the number of categories into themes. Creswell (2007) recommends that five or six themes are developed that can then be analysed. Bryman (2008) highlights that in content analysis the researcher is not specifically advised how to identify themes. However, a process of coding and categorising data will aid the development of themes for analysis. Ritchie (2003 in Bryman 2008) recommends the use of a matrix that identifies themes that emerge from the data. In the matrix, the initial themes are linked with the words of participants that relate to each theme or subtheme. Thus themes can be confirmed as the process ensures themes connect to and reflect the data collected.

### ***The process of data analysis in this project***

Both written and verbal data were collected during the focus groups. Whilst the principle of thematic analysis was undertaken with both types of data, each was treated slightly differently. Written data provided by participants were reviewed and the categories they identified in the focus groups were documented. Similarities and differences of written categories between focus groups were noted. The words used by participants to name the categories were identified and the normal meaning of these words checked in a dictionary. A judgement was made as to whether the participant was using the word as it is normally defined. Any anomalies were explored in greater depth through linguistic metaphor analysis, as this process could

reveal how participants conceptualize, experience and feel, regarding their learning about practice (Deignan 2005).

Once categories in the written data had been identified and analysed, connections between categories were made reducing the overall number of them, as recommended in the third loop of Creswell's (2007) spiral of analysis.

Verbal data were collected and recorded on audio-tape. Whilst audio-tapes would normally be transcribed in qualitative research (Creswell 2007) a decision was made that in this research, instead of transcribing the tapes, analysis of verbal data would be carried out by listening to the tapes on several occasions allowing immersion in the data and enabling issues that either raised a great deal of discussion or debate, or statements that seem to summarize or raise questions to be picked out. Creswell (2007) highlights that in the hermeneutic cycle full understanding is only gained through consideration of both individual comments and the whole conversation. Certainly listening to the audio-tapes on several occasions enabled a picture of the whole discussion to be constructed as well as picking up on individual nuances and comments (Bryman 2008).

Creswell (2007) recommends that, once transcription of tapes has taken place, a computer programme is used to help with the coding of the data. However, computer programmes will not analyse the data and this remains the remit of the researcher. As the tapes were not transcribed, a computer programme was not used to analyse the data. Instead, tapes were listened to repeatedly allowing me to pick out individual voices and follow them, in context. This enabled me to pull out salient points and the



views and feelings expressed by individual participants. Indeed, Bowling and Ebrahim (2005) assert that analysing the data manually allows the researcher to get closer to the data thus developing a more detailed understanding of the views of participants.

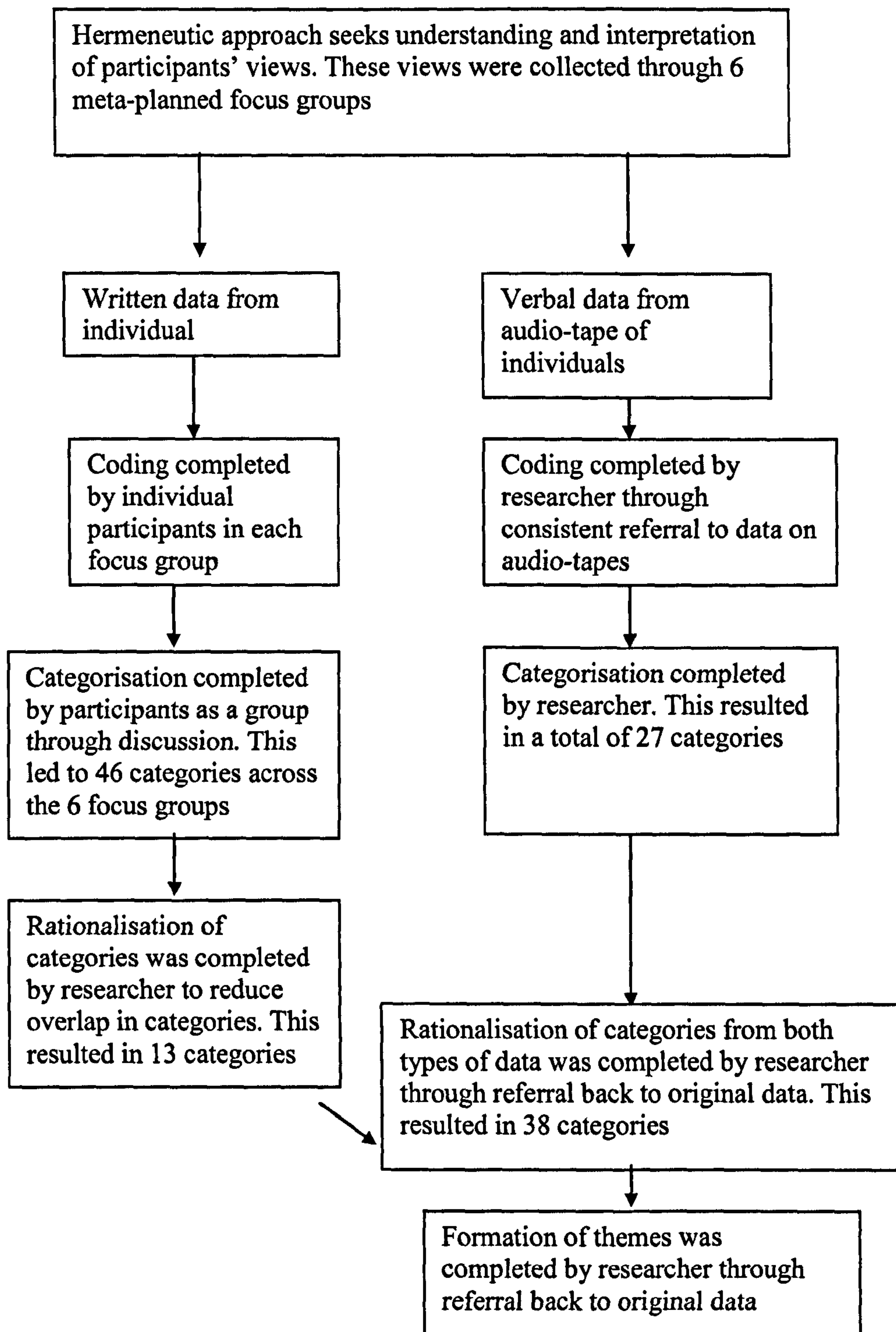
The first stage of Creswell's (2007) spiral of analysis calls for detailed data management through the organisation of data into files or units. Verbal data were reviewed several times until I could make sense of the whole discussion. Following this, significant comments or ideas were identified, listed and given a code (Bryman 2008). The frequency of these was also noted. The first stage of the data management phase was undertaken alongside the continuing collection of data from further focus groups allowing me to check or develop emerging areas of interest or importance. The second cycle of Creswell's (2007) spiral of analysis calls for reflection on the coding of data to ensure the decisions made by the researcher accurately reflect the content of it. This process was ongoing as more data were collected.

In Creswell's (2007) spiral of analysis once coding has been completed, the data is categorised. During categorisation, similar statements and ideas that have been coded are organised together as clusters, which can then be sorted into groups and categorized. Both Creswell (2007) and Bowling (2002) highlight that in qualitative research a single idea that has been coded can appear in more than one category thus data management must allow for this flexibility. Connections between categories were made resulting in a reduction in the number of categories.

At this point, the categories that had been identified in the written data were compared, with those arising out of verbal data. This required further reflection on both types of data before a decision was made about final categories and ensured a holistic approach was taken to the formation of themes. Thus, themes that were identified arose out of both verbal and written data.

The themes that arose of from the written and verbal data were analysed in greater detail (loop four in Creswell 2007 spiral of analysis). Creswell (2007) recommends the development of five or six themes arguing that, for publication and dissemination of the results, this is the most effective number.

In the data analysis there was a degree of interpretation. However, reflection on the data continued throughout the whole process of analysis to ensure the findings mirrored the views of participants. Bryman (2008) and Charmaz (2006) contend that explanation of data relates to interpretation and understanding that is influenced not only by the participant's interpretation but also by the researcher's own view and the reader's interpretation. These differing layers of interpretation enhance the richness of the research.



**Figure one- Flow chart demonstrating link between methodology, research tools and analysis**



### ***Rigour of the research***

Mays and Pope (1995) highlight that qualitative research is often viewed as subjective anecdote, reliant on the personal impressions and interpretation of the researcher. My ontological belief is that experience and knowledge is multifaceted and experienced in an individual fashion. Thus for me, there is no one single universal truth but a multitude of realities, interpretation and experience; therefore by their very nature the findings of my research are subjective. Cutcliffe and McKenna (1999) argue that this principle underpins all qualitative research. However, attention was paid to the rigour and trustworthiness of the study. The tape recordings were repeatedly checked and notes written up as soon as possible after the focus groups and interview to ensure trustworthiness and authenticity were apparent.

Traditionally, when reviewing research studies, the terms *validity* and *reliability* have been used to assess the rigour of the research. However, as Knight (2002) identifies these terms have come from positivist science that aims to ensure results are not biased or distorted and as such, are of less use in qualitative work where the emphasis is on the individual experience.

Lincoln and Guba (1985) reject the terms *validity* and *reliability* in a qualitative approach, instead arguing that rigour in qualitative research is achieved through the development of *trustworthiness* and *authenticity*. This is demonstrated through consideration of issues such as *credibility*, *dependability*, *transferability* and *confirmability*.

*Trustworthiness* requires that the findings truly reflect the content of the collected data (Koch 1996). This has been achieved in this project through extensive referral to the data.

Lincoln and Guba (1985) highlight five areas to be considered to ensure authenticity three of which are relevant to this project: *fairness*, *ontological authenticity* and *educative authenticity*.

*Fairness* relates to a balanced representation of the views of all participants. In this project this has been addressed through both the data collection process and the analysis of the data when the views of all participants were encouraged and considered.

*Ontological authenticity* and *educative authenticity* relate to participants' understanding their own views and the views of others. In this project this was managed through the focus group discussion, where all participants were encouraged to share their views through both the written and verbal format of the focus group. This allowed participants to appreciate the perspectives of others and better understand their own position.

*Credibility* is concerned with how believable the research findings are. In this project, there is a detailed and open explanation of the research methods and methods of analysis. Immersion in the verbal data ensured that the findings were effectively evidenced through the use of participant's words (Bryman 2008). Structuring the focus group through a meta-planned approach, led to detailed and extensive

discussion enabling participants to relax and resulting in a more open expression of participants own views with little interruption or input from me. The effective use of a variety of research tools aided credibility by helping to confirm the trustworthy nature of the data analysis and interpretation.

*Transferability* is identified by Guba and Lincoln (1989), as the ability to relate the findings of a research project to other contexts and is dependent on the similarity between the two contexts. In this study, the sample of participants was small and therefore limitations on transferability are unavoidable. Guba and Lincoln (1989) argue that it is the description of the study group under investigation, which provides others with a database for making opinions about the transferability of the findings. A description of the participants has been provided that will enable others to judge the applicability of the conclusions made in this study, to other similar study groups in a different time or context (Cormack 2000)

*Dependability* is apparent in this project through the presentation of a detailed decision trail and the inclusion of extensive sequences of the original data to robustly support the research findings and discussion (Sandelowski 1986).

Finally, Lincoln and Guba (1985) identify the need for *confirmability* in qualitative research that relates to the researcher's ability to demonstrate they have acted in a fair and appropriate fashion. In this project, this can be established through comprehensive referral to the words of participants and through reflection on the research process. Thus, the rigour of this project has been demonstrated.



### ***Ethical issues***

BERA (2004), guidelines have been followed throughout this project. These require me to conduct my research considering my responsibility to participants, sponsors and the community of educational researchers. As such, I am required to behave ethically towards all those involved either indirectly or directly.

As the investigation involved those enrolled on a work-based learning programme at the higher education institution where I work, a letter granting access was obtained from the Dean of the School. Ethical approval from the Open University Ethics Committee was also obtained.

There are five areas in the BERA (2004) guidelines that are particularly pertinent to this research project. These relate to voluntary informed consent, the right to withdraw, detrimental effects arising from participation in the research, incentives and privacy.

Informed consent consists of three main elements (Brink 1991). These are information, understanding and voluntary participation. Clear, written information that fully informed potential participants of my background, the purpose of the research, how the data collected would be used, the benefits or disadvantages of their participation and the right to withdraw their consent at any time during the project was provided to all participants. Potential participants were assured that their participation in the project would not affect their future progress. This was important as I am involved as an academic member of staff on the work-based learning programme in that these participants are enrolled. Contact details for further information and discussion about the research were provided, ensuring participants had full understanding of what was

required of them and the implications involved. This strategy is recommended by Bell (1999), Creswell (2007) and Bowling (2002) who argue that disclosure about the project is essential when asking for informed consent. Participants were asked to respond to me via email stating that they would be prepared to be involved in the project. Non-response was taken to reflect an unwillingness to participate and these potential participants were not contacted again. Thus informed consent was gained from all participants in the project.

This research involved an exploration of participants' experience of learning about practice. All data collected is stored in a locked drawer that only I have access to and will be confidentially shredded on acceptance of the thesis. Notes of tapes are stored on my home computer and password protected and again will be destroyed on successful acceptance of the thesis. As the completed thesis will be available in University libraries and the content used for publication or conference presentations, no participant names appear in the work and participant responses during the focus groups or interviews are coded, for example, participant A, thus ensuring privacy and confidentiality is maintained. In addition, no details are given through that a participant's identity may be implied.

Bowling (2002) however, highlights that whilst the researcher may maintain confidentiality, participants of the focus group may not feel bound by this principle. To address this, the issue of group confidentiality was discussed at the beginning of the focus group and participants asked to respect the privacy of their colleagues. Thus confidentiality was assured throughout the project

BERA (2004) guidelines discuss the use of incentives to encourage the sample group to participate in the research project. However, a decision was reached not to offer incentives to participants for a variety of reasons. As there is no funding available for this project, practically it was inappropriate. More importantly, I wished to gain an understanding of participants' own feelings and perceptions and was concerned that offering an incentive may unduly influence their responses. That is, they may feel they should have responded in a way they thought I wanted them to (Bryman 2008). This would introduce an element of bias and not truly reflect their feelings and experiences.

### ***Conclusion***

A hermeneutic approach has been taken in this project to address the research questions connected to the views, perceptions and experiences of registered nurses in relation to their learning. This chapter has identified and justified the chosen research approach based on my own world view and the emphasis of the research question on the individual experience of participants. Details of the study population and an explanation of the research tools have been provided.

The data analysis process has been discussed with an explanation of Creswell's (2007) spiral of analysis. This model provided structure to the process of analysis emphasising the importance of the participants' views proportionate to the hermeneutic approach taken in the project. The process of coding has been discussed and the development of codes and themes for analysis considered which were commensurate with the hermeneutic approach taken in the project. There has also been a discussion of issues related to the analysis of qualitative data such as credibility, transferability and dependability in relation to the project.



BERA (2004) guidelines appropriate to the project have been discussed ensuring that the project is executed in a sensitive and ethical manner and there has been a discussion of the pilot study and how it affected the structure of final project

Key issues arising out of this chapter relate to my world view and the hermeneutic approach that has been taken in the project. This has influenced the selection of research tools and the model of analysis chosen to structure the review and analysis of the data. A summary in the form of a flow chart demonstrates the connection between the methodological framework, data collection tools and data analysis.

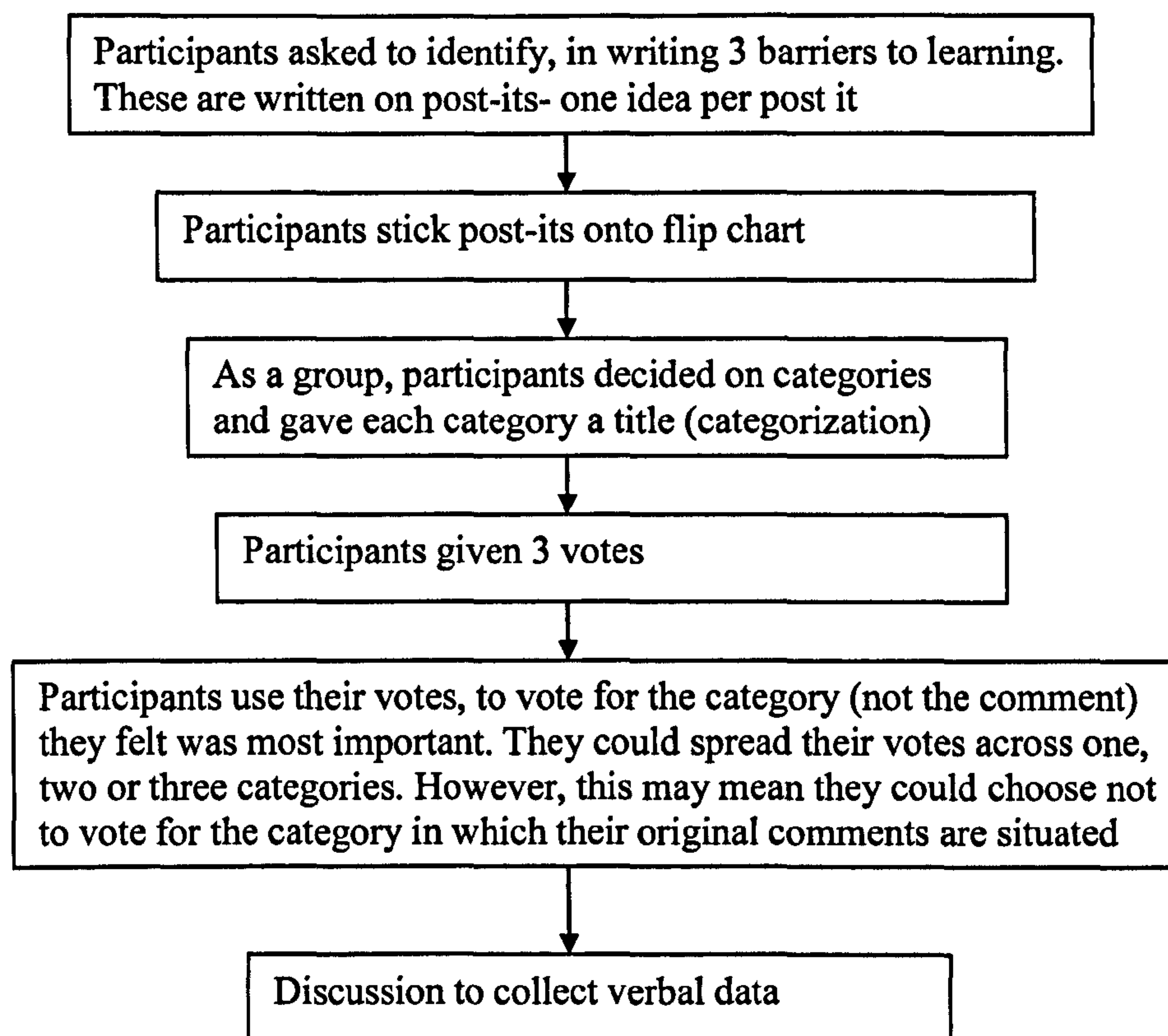
The following chapter presents the written and verbal findings of the focus groups. The two methods of data collection were handled in different ways resulting in the development of forty categories. Through a process of reflection, these were sorted into six themes that are analysed in chapter seven.

## **CHAPTER FIVE – WRITTEN AND VERBAL FINDINGS**

### ***Introduction***

The following two chapters relate to the presentation of data that has been gathered from the focus groups. The words of participants are used to support the discussion and are presented in italic. The initial findings of the written and verbal data are presented in this chapter, whilst the following chapter consists of a presentation of linguistic metaphor analysis and an amalgamation of the findings of the two methods of data collection to develop themes. Linguistic metaphor analysis has been used to aid the development of categories and themes. Chapter seven discusses the themes, relating them to the literature and identifying new knowledge.

To recap, during the collection of written data, participants were asked to individually identify three drivers to learning about practice, which they wrote on individual post-its. These were then put onto a flipchart and participants were asked to work together to group the post-its into categories. They were then asked, as a group, to give each category a title and to then individually vote for the category they felt was most important to them. They were each given three votes to use. Some participants used all three votes to vote for one category, others voted for three different categories. In some cases, this meant that participants were not able to vote for all the categories they had identified as a group. The complete exercise was then repeated asking participants to identify three barriers to learning. Following this, comments and categories were further explored through group discussion which was audio-taped to generate verbal data. This is summarized below.



**Figure 2- Process for collection of written data (Repeat for drivers to learning)**

### ***Presentation and categorization of written data***

The data related to the written comments and written categories identified by participants in the focus groups will be discussed here. The categories have been analysed and this process will also be discussed. Because of the nature of the exercise, from the written data, it has not been possible to identify individual participants, only the comments that they wrote on post-its

From the written data, it is apparent that for this group of participants, personal internal drivers such as curiosity and interest were the most common drivers to learning. The most common barrier to learning was their workload.



I reviewed the categories identified by participants in the written data. Participants had identified forty six categories which included twenty one categories of drivers and twenty five categories of barriers as identified below. There was some overlap in the titles given in different focus groups, but I have continued to use participants’ own category titles.

Table 1- titles of categories of drivers to learning labelled by participants (written data)

|                                |                                          |                                 |                                          |
|--------------------------------|------------------------------------------|---------------------------------|------------------------------------------|
| Colleague support              | Organisational support                   | Search for evidence             | Personal internal drivers x2 occurrences |
| Relevance to practice          | Development                              | Resources x2 occurrences        | Internal issues x3 occurrences           |
| External issues x2 occurrences | Improving practice                       | General interest x2 occurrences | Needs of the job                         |
| People                         | Patient experiences/ care x2 occurrences |                                 |                                          |

Table 2 – title of categories of barriers to learning labelled by participants (written data)

|                                     |                                |                     |                            |
|-------------------------------------|--------------------------------|---------------------|----------------------------|
| Not knowing what don’t know         | Professional barriers          | Financial           | Time x5 occurrences        |
| Service demand                      | Workload x2 occurrences        | People              | Motivation                 |
| Environment                         | Resources                      | Personnel           | Them- team characteristics |
| Time management x2 occurrences      | Internal issues x2 occurrences | Support from others | Cost                       |
| Personal development x2 occurrences |                                |                     |                            |

Having identified the categories, I then reviewed the comments that participants had put into each category. It was apparent that similar comments had been placed in categories which had been given different titles by different focus groups. I reflected on the comments and categories to assess if they could be combined without losing

the context or nuances participants had placed on them. There was a degree of interpretation to enable effective decisions to be made (Charmaz 2006).

The analysis was done manually. Advantages to this were twofold in that I became more intimate with the data and I was able to develop a flexible method for categorisation which encompassed all the views expressed. However, this process took considerable time as constant reflection and referral back to the raw data was required before final decisions could be made.

The process of seeking connections between the categories resulted in six drivers and seven barriers. The titles given to categories by participants have been used. These are identified below.

Table 3 - Categories of drivers to learning following analysis of written data using participants' titles

|                           |                       |                        |
|---------------------------|-----------------------|------------------------|
| Personal internal drivers | Resources             | Organisational support |
| Colleague support         | Relevance to practice | External issues        |

Table 4 - Categories of barriers to learning, following analysis of written data using participants' titles

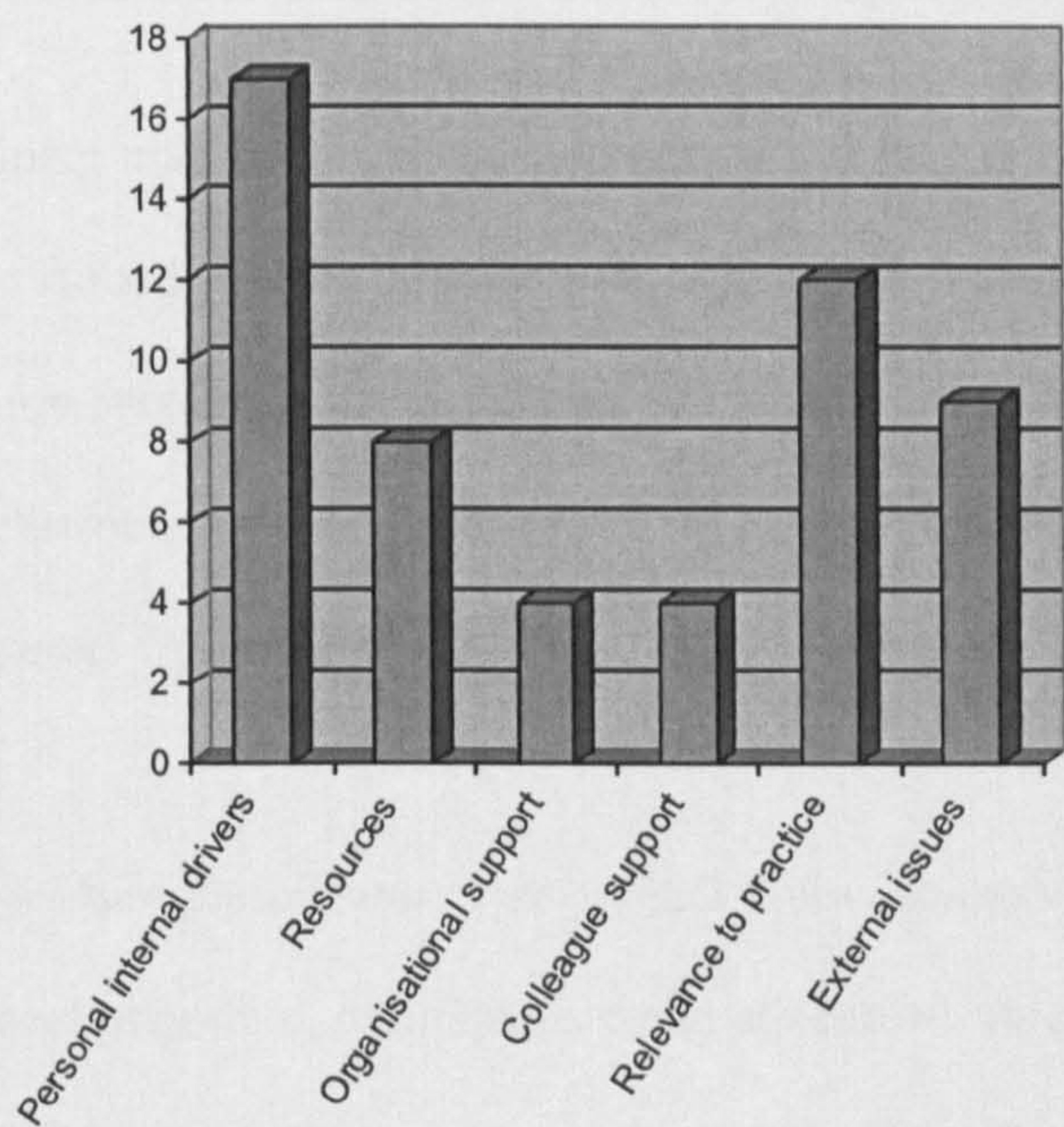
|                       |                            |                 |           |
|-----------------------|----------------------------|-----------------|-----------|
| Professional Barriers | Financial                  | Workload        | Resources |
| Time                  | Them- team characteristics | Internal issues |           |

During the focus groups, participants were asked to vote on the categories they felt were most important. During the amalgamation of the categories, votes followed the title of the category. For example, during the analysis and subsequent reduction of



categories, where appropriate, categories entitled “time” were joined together and all the votes were combined to make a bigger category called “time”.

Interestingly, some participants voted for a category which may not have included their own individual comments. For example, there were seven individual comments relating to “resources” but there were eight votes allocated to this category. Similarly, there were eighteen comments relating to “personal internal drivers” but this category eventually only received seventeen votes. Thus during the discussion, participants changed their minds about the importance of the issues they had originally raised in the first part of the exercise. Votes were for categories, not individual comments and there were a total of 54 votes (3 each x 18 participants). The spread of votes relating to drivers to learning are shown below.



**Figure 3 - Drivers to learning as identified by participants (written data)**



From the written data, the category which received the most votes and thus was seen as the most important by participants was the “personal internal drivers” category. This category included the following comments:

Table 5 – Personal internal drivers category- comments made by participants (written data). This category received 17 votes

| Comment by participant              | Number of participants making comment |
|-------------------------------------|---------------------------------------|
| <i>Curiosity</i>                    | 6                                     |
| <i>Interest</i>                     | 5                                     |
| <i>Promotion</i>                    | 2                                     |
| <i>Desire to support a client</i>   | 1                                     |
| <i>Increased personal knowledge</i> | 2                                     |
| <i>Professional development</i>     | 2                                     |
| <b>Total number of comments</b>     | <b>18</b>                             |

One participant may have written 3 comments relating to this category. Therefore, it cannot be claimed that all eighteen participants wrote a comment relating to this category. However, from the comments participants wrote, it can be claimed that one third of the participants felt curiosity was an important driver to learning and a further 5:18 felt interest was of importance.

Similarly, because participants were given 3 votes each to vote for the categories they felt were most important, participants could allocate all three votes to one category or may spread their votes between two or three categories. Because seventeen votes were allocated to this category, a minimum of six participants must have voted for this

category up to a maximum of seventeen participants. Thus, it can be claimed that this category was seen as the most influential driver to their learning.

Table 6 - Relevance to practice category- comments made by participants (written data). This category received 12 votes

| Comment by participant                   | Number of participants making comment |
|------------------------------------------|---------------------------------------|
| <i>Practice should be evidence based</i> | 4                                     |
| <i>Change practice</i>                   | 3                                     |
| <i>Improve the patient experience</i>    | 3                                     |
| <i>Practice can be challenged</i>        | 1                                     |
| <b>Total number of comments</b>          | <b>11</b>                             |

Whilst one group of participants had placed the comment *desire to support a client* in the category “personal internal drivers”, other groups of participants had placed comments relating to the client experience under the category “relevance to practice”. However, following analysis, these two comments were kept in separate categories. This was because it was felt that the *desire to support a client* was an internal issue relating to the participants personality and their helping nature, whereas improving the patient experience was more about professional accountability. This was confirmed in two ways. The participants had placed the comment *desire to support a client* in the category which they had then titled themselves; therefore they felt this was the most appropriate place for it to appear. Further, this was confirmed through the verbal discussion that occurred following the written exercise.

Table 7- Resources category- comments made by participants (written data).This category received 8 votes

| Comment by participant               | Number of participants making comment |
|--------------------------------------|---------------------------------------|
| <i>Access to the internet</i>        | 1                                     |
| <i>Protected time to study</i>       | 3                                     |
| <i>Support from colleagues</i>       | 2                                     |
| <i>Close links to the University</i> | 1                                     |
| <b>Total number of comments</b>      | <b>7</b>                              |

Three participants commented that a driver to learning was having *protected time to study*. This was one sixth of the total participants. Whilst this category received eight votes after the discussion, this is still less than half of the participants. Therefore, implicitly the majority of participants were learning without protected time to study whilst completing a full caseload. As it was not identified as an issue, the implication is that over half of the participants accepted this as normal practice. Both Coffield *et al* (2004) and Crowther (2004) argue that the current emphasis on learning has shifted the responsibility for learning onto the individual, rather than the organisation that will ultimately benefit from a more competent workforce. From the written data it was apparent that the majority of the sample accepted that learning took place on top of their normal workload.

Table 8- External issues category- comments made by participants (written data). This category received 9 votes

| Comment by participant          | Number of participants making comment |
|---------------------------------|---------------------------------------|
| <i>Government regulations</i>   | 2                                     |
| <i>Government targets</i>       | 2                                     |
| <i>NICE guidelines</i>          | 1                                     |
| <i>NMC registration</i>         | 2                                     |
| <b>Total number of comments</b> | <b>7</b>                              |



As half of the participants identified that external issues were an important driver to learning, it was apparent that for these participants, political and professional initiatives were influential drivers to learning. However, it is interesting to note that from the written data half of the participants did not feel this played a significant role in their learning activity.

Table 9 - Colleague support category - comments made by participants (written data).  
This category received 4 votes

| Comment by participant             | Number of participants making comment |
|------------------------------------|---------------------------------------|
| <i>Role models</i>                 | 3                                     |
| <i>More experienced colleagues</i> | 2                                     |
| <i>Supportive colleagues</i>       | 3                                     |
| <i>Competiveness</i>               | 1                                     |
| <b>Total number of comments</b>    | <b>9</b>                              |

Whilst participants allocated four votes to the category “support from colleagues” there were nine individual comments which related to this category. Thus it is probable that during the discussion around categorization other issues took on greater importance to the individual participants.

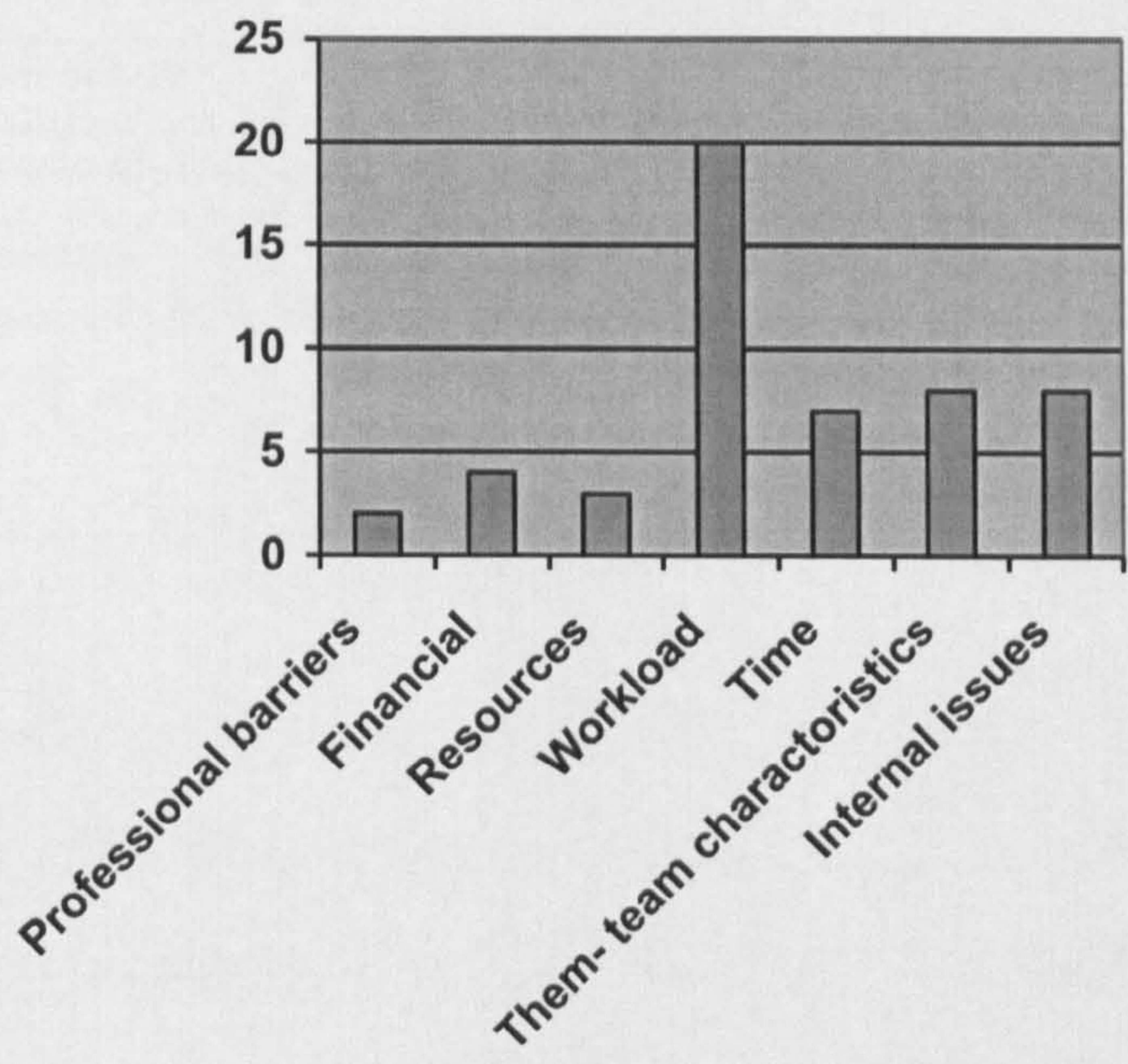
Table 10- Organisational support category - comments made by participants (written data). This category received 4 votes

| Comment by participant                    | Number of participants making comment |
|-------------------------------------------|---------------------------------------|
| <i>Organisation encourages innovation</i> | 1                                     |
| <i>Organisation trusts me</i>             | 1                                     |
| <b>Total number of comments</b>           | <b>2</b>                              |



The final category of drivers related to “organisational support”. Although four votes were allocated to this category only two participants had made comments relating to it.

The voting exercise was repeated for the barriers to learning and is shown below.



**Figure 4 - Barriers to learning as identified by participants (written data)**

The distribution of comments relating to barriers to learning was more widespread. Alongside the comments made in table 7 (resources category) relating to *protected time to study* which 3 participants had made, it was clear that for these participants workload had a significant influence on learning.



Table 11- Workload category- comments made by participants (written data).This category received 20 votes

| Comment by participant                                                              | Number of participants making comment |
|-------------------------------------------------------------------------------------|---------------------------------------|
| <i>Pressure of work</i>                                                             | 6                                     |
| <i>Caseload demand</i>                                                              | 2                                     |
| <i>Quantity not quality</i>                                                         | 1                                     |
| <i>Lone worker</i>                                                                  | 1                                     |
| <i>Overloaded with structural changes</i>                                           | 3                                     |
| <i>Demands for service improvements means I have to prioritise my energy there.</i> | 1                                     |
| <i>Don't have time</i>                                                              | 2                                     |
| <b>Total number of comments</b>                                                     | <b>16</b>                             |

Eighteen participants were involved in the research. This category received 20 votes. Therefore some participants must have allocated more than one vote to this category. This emphasises the importance of “workload” as a barrier to participant’s learning.

Table 12 - Time category - comments made by participants (written data). This category received 7 votes

| Comment by participant                                                   | Number of participants making comment |
|--------------------------------------------------------------------------|---------------------------------------|
| <i>Cover for the sickness or study leave</i>                             | 3                                     |
| <i>Agreeing to do work for others when I should be developing myself</i> | 1                                     |
| <i>Pressure, stress, frustration, anger and hostility</i>                | 1                                     |
| <i>Insufficient time</i>                                                 | 2                                     |
| <b>Total number of comments</b>                                          | <b>7</b>                              |

In the category “workload” two participants had identified a lack of time as a barrier to learning. However, in the category “time”, a lack of time was identified by six other participants. These participants had further developed this issue with an



explanation of why the lack of time was a problem such as *cover for sickness or study leave*. Because the underlying nuances differed, a decision was made during the analysis that the categories should be kept separate.

Table 13 - Internal issues category - comments made by participants (written data).

This category received 9 votes

| Comment by participant              | Number of participants making comment |
|-------------------------------------|---------------------------------------|
| <i>Lack of direction</i>            | 2                                     |
| <i>Lack of interest</i>             | 1                                     |
| <i>Unable to commit</i>             | 2                                     |
| <i>Drive</i>                        | 1                                     |
| <i>Reaching point of potential.</i> | 1                                     |
| <b>Total number of comments</b>     | <b>7</b>                              |

Whilst participants had allocated nine votes to “internal issues” as a barrier to learning seventeen votes had been allocated to “internal drivers” (table 5) as a driver to learning. *Curiosity* was not mentioned in the “internal issues” category shown above although this comment arose six times in the driver category. However *interest* was mentioned in both the drivers and the barriers.

Table 14 – Them - team characteristics category - comments made by participants

(written data). This category received 9 votes

| Comment by participant                              | Number of participants making comment |
|-----------------------------------------------------|---------------------------------------|
| <i>Life activities and other commitments</i>        | 5                                     |
| <i>No mentor</i>                                    | 2                                     |
| <i>Lack of commitment from colleagues to change</i> | 3                                     |
| <i>Lack of support</i>                              | 3                                     |
| <i>Not feeling part of the team</i>                 | 1                                     |
| <b>Total number of comments</b>                     | <b>14</b>                             |

Participants titled this category them - team characteristics. Following analysis, it was apparent that they meant groups of individuals both personal and professional who they liaised with. For a more detailed discussion about this title, please see chapter six linguistic metaphor analyses.

The two categories that demonstrated the biggest difference between original comments and final votes for the categories related to colleagues and issues in wider teams. In the category them-team characteristics, fourteen comments were made relating to this but the category itself only received nine votes. In the colleague support category (table 9), nine comments were made but the category itself only received four votes. Thus, in both the drivers and the barriers the influence of others was seen as of importance to learning by individual participants, but during the discussion this took on less significance resulting in fewer votes for the categories. This is explored further in the verbal data.

Table 15 - Professional barriers category - comments made by participants (written data). This category received 2 votes

| Comment by participant          | Number of participants making comment |
|---------------------------------|---------------------------------------|
| <i>Career pathway</i>           | 1                                     |
| <i>Professional snobbery</i>    | 1                                     |
| <b>Total number of comments</b> | <b>2</b>                              |

The term professional snobbery is explored through linguistic metaphor analysis in chapter six.

Table 16 - Financial category - comments made by participants (written data). This category received 4 votes.

| Comment by participant          | Number of participants making comment |
|---------------------------------|---------------------------------------|
| <i>Funding</i>                  | 3                                     |
| <i>Cash</i>                     | 1                                     |
| <b>Total number of comments</b> | <b>4</b>                              |

Seven of the participants were funding their programmes of learning themselves. Despite this, financial issues were considered a barrier to learning by just less than one quarter of participants. Thus from the written data, it appears that some participants accepted that if they wish to advance their knowledge and careers they must invest in themselves, similar to the findings of Morgan *et al* (2008)

Table 17 - Resources category - comments made by participants (written data). This category received 3 votes

| Comment by participant                                            | Number of participants making comment |
|-------------------------------------------------------------------|---------------------------------------|
| <i>Continual interruptions</i>                                    | 1                                     |
| <i>Open plan offices</i>                                          | 1                                     |
| <i>Restricted access to resources when there is time to study</i> | 2                                     |
| <b>Total number of comments</b>                                   | <b>4</b>                              |

From the written data, it is apparent that personal internal drivers such as curiosity and interest were the most common drivers to learning, whilst the most important barrier to learning was participant’s workload. This impression was not clearly reflected in the verbal data, where emotional issues took on greater significance.

***Presentation of verbal data***

Verbal data arose from the discussion in the meta-planned focus groups. In the focus groups, participants worked together whilst grouping and categorizing their individual



comments with minimum interruption from me. My input was mainly related to seeking clarity or a more detailed understanding of what participants said, with the use of exploratory questions such as “what do you mean by that” or “can you explain a bit more about that”. In the focus group where only one participant could attend, the discussion relating to categories and the individual comments of the participant were discussed with me in greater depth. Again, open exploratory questions were used to stimulate discussion and gain a deep understanding of the participant’s view. To affect a deeper understanding of the views and feelings of participants, linguistic metaphor analysis has been carried out to assist with the categorization process and the results of this are presented in the following chapter.

During the focus groups, the discussions were audio taped. This resulted in a large amount of verbal data being gathered. To prevent me being overwhelmed at the end of the data collection process, audio-tapes were listened to on an on-going basis during the data collection phase. This also ensured that relevant information was being collected in sufficient detail and allowed me to further develop and enhance my facilitation skills.

Consideration of the verbal data identified that participants felt there was a wide range of issues that affected their learning. Participants from all groups spent considerable time discussing the importance of *curiosity*, *interest* and *passion*. Their feelings can be summed up by a comment made by participant B who said [you] *need to be interested, if it doesn’t flick your switch then there is a problem*. For these participants, their own personal interest in a topic motivated their learning with participant M commenting *I would go the extra mile to find something out because it interests me*,

whilst participant B said *being interested- it is so much nicer to learn when you are interested*. Participant E said *my passion for a subject is what interests me*.

When asked what stimulated this passion or interest the response from participant H was

*Something comes to my attention- I might read it or see it and I wonder why that happens or what would happen if we did something else or responded in a different way so then I go to find out about it- it makes it easy because I am interested.*

However, the interest of participants was stimulated by a variety of different factors. For example, some participants acknowledged that *the sense of achievement makes you feel good* (participant D) with participant E commenting *If you start to succeed in something then you become more motivated and passionate about it. It's a cyclical thing.*

Several participants commented on the pleasure they gained from learning which led to a feeling of being spoilt. For example, participant I stated *time out of work to learn feels a bit naughty and self indulgent* and participant M *Hmm bit like having a cream cake* whilst participant F said *it was quite addictive, I was sad when it finished, I missed it* and participant A said *[it] gives you a feel good factor that you are learning something you're particularly interested in.*

However, others said that a feeling of competitiveness with different services stimulated their passion and desire to learn. For example, to *make our service best in*

[the] *area* (participant H) and participant A said they *want[ed] to be part of the gold standard*. Sometimes this feeling of competitiveness related not only to other services, but also to their relationship with colleagues. Participant O expressed this by saying [I] *get a buzz out of being able to keep up with the students* and [I] *want to show them that I can do it as well as have that experience* (participant G).

The impact on practice stimulated curiosity and interest for some participants particularly if this resulted in changes to practice which were beneficial to patient care. For example, participant N said, *doing it because I feel I have to do it for the patient* whilst participant G said, *want to do something good for the patient*. Several commented that their learning was related to practice- *my learning relates closely to my clinical role* (participant Q) whilst participant I commented they were *able to justify practice a bit more*.

Some participants felt their interest in learning was affected by the roles they filled in their working lives. For example participant R said *being in a senior position drives you to perform well*. There was a recognition that once in a senior position, not knowing something is *terrifying because others hold you in esteem and there is a risk that you are going to let yourself down* (participant B). However, several participants recognised that learning itself could be a frightening experience. For example, participant F said *I'm frightened of getting it wrong* whilst participant I said *the more senior you become, the greater everybody's expectations so it's hard to put yourself in a position of possibly failing*. Similarly, participant P said *once people look up to you there is an expectation that you will know what to do ...and you expect it of yourself*.



Participant F related an experience fairly early in their career, when as a junior ward sister they were in charge of the ward and

*A patient crashed (i.e. had a heart attack) and I was the only trained staff in the room. I panicked because I had never seen a crash before and didn't want the students to realise I didn't know what I was doing so I brazened it out – it was ok but I was really frightened.*

Despite the anxiety of possibly failing if they undertook a formal learning programme, participants felt that a lack of knowledge was a strong incentive to learn. Several participants had undertaken some formal education because they realised they did not know something that was vital for their role. For example, participant E said

*I work in a GP surgery and we do some spirometry tests (to assess breathing) but nobody knew how to read them. So I just thought why are we sending off for these tests when we don't understand the results? The results don't make any difference to the treatment 'cause we don't know what they mean. So I went to find out about it, I read about it and persuaded my manager to let me go on a course.*

Similarly participant L said

*patients came out with things which I didn't know how to deal with, [this was] frightening, so [I] went on a counselling course- not written in my job remit- but how to deal with them can be distressing.*

These participants had undertaken further training because they felt that the new skills were an important enhancement to their role. Therefore, they had effectively

responded to both a need from patients and their own need to be able to help patients demonstrating a high level of motivation.

Many of the participants expressed a concern about their lack of knowledge when it was needed, similar to the feeling of inadequacy. This included a feeling of being less well qualified and therefore not as good as others, with participant J saying *feel inadequate around the young ones (student nurses) who are just starting out because I haven't got a degree* and participant K [I am] *embarrassed because I should have just got on with it- everybody else has got a degree*.

There was recognition that planned changes to the initial nurse registration programme were going to further pressurise registered staff, with comments such as *it's going to be a major concern now with nursing's becoming an all degree level course- many nurses feel their experience is not enough* (participant L).

Indeed there was little acknowledgment from participants of the value of the learning they had gained from their practical experience in the work area. This was emphasised by participant K who said

*If I didn't do it (a degree) then I may become unemployable or an increasingly unattractive proposition. I don't feel I am qualified to do my job without it.*

Participant J agreed with this adding [it is] *frustrating that you can only go so far because you haven't got the academic qualifications*. Thus, for these participants feelings of inadequacy and negativity acted as a driver for learning to ensure they were not marginalised.

However, this issue created some anxiety and friction for participants. For example, participant Q said *we should be given an honorary degree because we're already working at that level* and participant B said *I don't feel that I've legitimised my position because it is not on paper and that's what people want.*

For some participants, the pressure to increase their knowledge and learning about new skills and techniques sometimes acted as a barrier to learning. Too much pressure reduced their interest, motivation and desire to further develop their knowledge and skills. For example participant C said

*I get really fed up and tell them (the manager) to get lost, can't take the pressure any more. Quite hostile- my God I have taken on too much- why have you made me take on so much?*

This was perpetuated by continuous pressure to meet new government targets and professional requirements. However, participant M felt *you learn things because you have to, [you] wouldn't learn them otherwise and you rise to the occasion.* The discussion around this comment implied that, although the participant didn't want to be involved in new learning, it proved to be beneficial thus the pressure to learn was helpful. The variety of feelings expressed relating to the effect of demand to learn, emphasised the individual nature of learning.

Many of the participants identified that whilst they were under pressure from employers and professional bodies to expand their knowledge base, they were also pressurized by their dependents to spend time with them away from study. This led to feelings of guilt if they were not able to do this, with many participants commenting about the guilt they felt leaving their families and children to address a learning need.



For example, participant G said *mine (guilt) is definitely worse since I became a parent* whilst another wrote [I feel] *guilt about things all the time* (written data).

Becoming a parent or carer had a major impact on the careers and learning opportunities for many participants with participant F saying; *my career took a back seat, things changed the day my son was born. Suddenly [I] couldn't do what I wanted.*

Also, participant P said

*time and conflicting priorities is most important because I have a full plate, the children, work, elderly parents etc, which all need my time. So, I do everything of the supportive role and then start the studying at 11pm when I am not at my peak.*

Despite planning study around family life, problems often occurred that meant the opportunity for study disappeared

*I mapped out my study leave because I know I am going to need that protected time but something always takes your time such as children become ill and they always come first to me* (participant K)

Participants also found it difficult, if the caring role was withdrawn to enable them to concentrate on their learning needs. Participant F said

*I had to make myself give up one of my supporting roles in order to allow time to study which I found very hard because I wanted to play that supportive role because they need me now.*

Whilst participant D commented

*I didn't begrudge it except I felt sometimes family did not get their needs sorted, they went unanswered, I felt bad about that.*

Some participants believed that the guilt they felt about learning, resulted from their inability to be assertive about their needs. Participant D felt their lack of assertiveness was common amongst nurses saying *I wonder if it is a personality type that is drawn to nursing or caring,*

Many of the participants felt they needed to fulfil their normal and expected roles both at work and home before addressing their own learning needs. For example, participant L said

*I find my husband has asked people for the weekend and the house is filthy so I have to clean it rather than do the study I intended.*

Others agreed that there is *displacement activity* (written data) whilst participant R said

*[I] can't even begin to concentrate until everything else is done, so would have to clean the house and do the ironing first.*

However, participant B said

*Where you are in relation to submission dates [is important] because the closer you get, the more panicky and the house goes to rack and ruin.*

Thus, this participant acknowledged the importance of meeting deadlines despite the stress this caused.

For these participants, their role as main carer in the household led to a feeling of guilt about putting their own needs first. This feeling was also transferred to their working

relationships, where they expressed a feeling of being naughty if they didn't respond to the needs of others. For example, participant J said

*I felt terribly naughty taking time out. [I] don't know how people have the nerve to ask for more time when there is so much to do.*

This participant felt that learning was their own responsibility and should be carried out in their own time. All the participants involved in the research were learning on top of a full case load and whilst they recognised this as a difficult and time consuming activity, there was little expectation that they would be allocated extra study leave.

However, workload was of major significance to the learning activity of participants. For example, one participant had shadowed a senior nurse as part of their development activity but had done this in their own time. In all the groups, the ability to gain designated study leave depended on the individual manager and working environment, with some participants being allocated one study day per week and others none at all. Thus, the allocation of study leave was seen as unfair by participants. For example participant Q said,

*Much of the support and time allowed is negotiated and you need to do this, so if you are not the right personality then you go without.*

Even if time and support was successfully negotiated, participant A said, *time just wasn't there because service demand meant support was reduced.*



Certainly there was a recognition that teams of staff were working hard to meet government initiatives and targets. However, often this led to feelings of stress and negativity in the whole team. Participant B said, *people feel overwhelmed and negative because of the levels of change at the moment* and participant F said *[the] lack of support and commitment from others because they feel they have enough to do without anything else*. This played an important role in the participants' ability to fully engage with new learning activity.

All participants in this research project were involved with reflective practice. Many of them found the process of reflection helped them to resolve issues that had upset them but that they were able to learn from. For example, participant F said *the technique is useful because it helps you see things the way they really are*, whilst participant H said *can be uncomfortable but its positive 'cause you learn from it*. However, participants said that there was a tendency to reflect only on issues that had not gone as well as anticipated or expected. For example, participant L said *[I] dwell on the bad things a lot longer* and participant A *if something negative happens I put it on myself and feel I should have anticipated that or done a bit more to prevent it*. Thus, reflection tended to focus on negative aspects that increased participants feeling of inadequacy and guilt.

A further issue that affected the learning of participants in the project, related to issues of support from colleagues and the immediate organisation they worked in. Certainly, the support of the manager was seen to be of considerable importance, both because of the decision making powers they had and their experience and knowledge. This was particularly true if as a result of their learning, participants wanted to change

practice in the work area *if your manager is not on board then you will never change things* (participant R). Without the support of the manager, participants became increasingly frustrated because they *want practice to be evidence-based* (written comment).

Some of the participants received formal mentorship support from their managers. However, participants described the most effective mentorship taking place when *you meet people and know there is someone you can connect to* (participant O) whilst participant Q, highlighted the importance of feeling comfortable with the mentor by saying, *not everybody, because if they are too perfect, they are too scary and you are too frightened to ask them anything*.

The majority of participants agreed on the role of the mentor, *a person who has got a group of skills and knowledge which I need to develop* (participant A) whilst participant I said *a critical friend*. However, participants disagreed with the importance of the clinical background of the mentor with participant P saying, *peer who I regard as mentor, more experienced and knowledgeable about my learning needs*, [this could be] *non nursing* whilst participant N commented *may be someone who is more knowledgeable, usually someone from within your own profession*.

The importance of the mentor was not underestimated by participants with participant C commenting *I had no mentorship, I felt I had no value; the people were very negative, nobody cared what I did*.

However, a further support mechanism that was available in an informal way for participants was role models. These were seen to be very helpful, for example participant N said

*[They] tend to be more senior people. I would look at them and say aren't they wonderful, effective and so good with all these skills and I would want to emulate that.*

Similarly, participant I said *role modelling is most important- if I am working with someone I think to myself I should be doing that or I should learn about that.* Role models often inspired participants to learn or develop their skills. Even negative role models were useful *you learn as much from negative role models if not more- I never want to be like that* (participant O).

Two participants from this study had worked with more senior staff shadowing their role. For example, participant M said *they showed me the ropes and give me the confidence to have a go.* This participant had successfully applied for promotion following six months of shadowing a colleague's role.

Thus, relationships with other members of the team impacted on the learning experience of participants in this study. Participants highlighted that being part of a team could have a positive effect on their learning, for example, participant C said *I need other people around who I work well with.* Others found that working in a team that trusted and encouraged them, was a positive influence on their learning. For example, participant B said *feeling part of the team is helpful.*



However, not being accepted by a team could have a detrimental impact on learning. For example, participant F said *working in isolation is a real problem*. When asked to expand on this, s/he said

*There is no one to bounce ideas around with, so I have to make all the decisions myself and then it's my fault if it all goes wrong, it's a big responsibility.*

It is very unusual in healthcare practice that someone will work entirely by themselves. In this case however, the participant felt they had been excluded from the team that had led to feelings of isolation and anxiety.

Whilst the relationship with immediate colleagues had an influence on their learning, these participants said relationships with the wider circle of colleagues were also influential. For example, relationships with other professions with whom the participant had to work. This was particularly noticeable if an individual was *a professional person who has that extra little bit of knowledge and they want to keep it to themselves because that gives them that extra bit of power* (participant H).

Participants felt that the reasons colleagues used their knowledge to maintain their own powerful positions varied, from lack of confidence themselves to the desire to be needed, for example, participant I commented, *I have not given you the tools by which you can do this yourself so therefore I am powerful and you continue to need me.*

Participant J said

*I have worked with a lot of people who I have assumed know something, but looking back they probably didn't – they give the impression that they did know and that you were too insignificant to tell.*

However participant G, who had undergone further learning, said *my learning gave me the confidence to realise that I know as much as them and they are not explaining it well.*

Generally it was apparent that participants felt that power could be used inappropriately and this had a negative impact, both on the relationship participants had with colleagues and their learning and confidence, for example *affects your confidence and your learning*, (participant E). Thus, the importance of supportive and mature relationships was emphasised by participants in this project.

Some participants highlighted the difficulties they felt themselves when supporting more junior and inexperienced staff, particularly if their own workload was heavy as no extra time was allowed for mentorship or supportive activities. For example, participant L said *if I have got some focused work to do I find it very difficult to do if I am interrupted* and participant I *there are too many competing demands*.

From the data collected, it was apparent that for these participants, whilst curiosity, interest and passion inspired them to learn, there were a wide range of issues, both personally and professionally that could affect and impinge on this.

### ***Coding and categorization of verbal data***

Through repeated review of the audio tapes, I was able to pick out key phrases or terms which were then coded. Because of the amount of verbal data collected, coding was very time-consuming. However, a list of all codes was eventually made. Whilst this covered several pages, I was happy that the coding reflected the conversation and the views of participants.

The codes were then reviewed and sorted into categories of similar ideas. The categories were given titles which reflected their content. Again, this process was labour intensive, as I was consistently required to return to the verbal data to check my understanding. My interpretation of what participants were saying, required me to review the tapes, to ensure I was picking up on nuances made around comments, thus interpreting the words of participants correctly. However, after considerable reflection I was happy that I had categorized the data effectively, whilst representing the views of participants correctly. This process finally resulted in the initial identification of twenty seven categories. Where possible, I have used the words of participants to title these.



Table 18 - initial categories that arose out of verbal data

|                                          |                                                         |                                 |                   |
|------------------------------------------|---------------------------------------------------------|---------------------------------|-------------------|
| Expectations of self                     | Doing it for others (practice/service)                  | Other distractions              | Self satisfaction |
| Feelings of inadequacy                   | Proving self to others                                  | Lack of knowledge               | Competitiveness   |
| Self development                         | Curiosity/interest/passion                              | Success breeds further learning | Spoiling self     |
| Self regulatory                          | Emotions/ children/ guilt                               | Negative feelings               | Assertiveness     |
| Fear of learning                         | Formal support mechanisms (mentorship and facilitation) | Reflection                      | Links to practice |
| Changes to role and how you carry it out | Time/workload                                           | I could do it better            | Power             |
| Interruptions                            | Learning from others                                    | Team working                    |                   |

Whilst written data had been divided into barriers and drivers to learning in practice, it was felt that to make this explicit division during the verbal discussion would inhibit the discussion. Thus, verbal data has been presented as a discussion around participants' learning in practice and was later compared to the written data.

### ***Amalgamation of written and verbal categories***

When the categories from the verbal data were compared with those that arose from the written data, it was apparent that similar issues had arisen both from the written exercises and in the ensuing discussion. For example, curiosity and interest were identified as important in both written and verbal data. However, the term workload that was viewed as the greatest barrier to learning in the written data, only briefly appeared in the verbal data in one focus group. Despite this, during each group, issues were raised in the discussions that could relate to workload.

A general overview of the two types of data gathered, demonstrates that the original forty six categories identified in the written data on page 88, are equally split between

organisational/practice issues and personal issues, (twenty three organisational/practice issues and twenty two personal issues), whilst in the verbal data there is more emphasis on personal issues, (ten organisational/practice issues and seventeen personal issues).

Following review of the categories identified by participants in the written data, there were a total of thirteen categories identified. I compared these with the twenty seven categories which had arisen from the verbal data. A summary of the combined categories from both sets of data is shown below:

Table 19 Overview of all categories from both verbal and written data

|                                              |                                                             |                                     |                            |
|----------------------------------------------|-------------------------------------------------------------|-------------------------------------|----------------------------|
| Expectations of self (V)                     | Doing it for others (practice/service) (V)                  | Other distractions (V)              | Self satisfaction (V)      |
| Feelings of inadequacy (V)                   | Proving self to others (V)                                  | Lack of knowledge (V)               | Competitiveness (V)        |
| Self development (V)                         | Curiosity/interest/passion (V)                              | Success breeds further learning (V) | Spoiling self (V)          |
| Self regulatory (V)                          | Emotions/ children/ guilt (V)                               | Negative feelings (V)               | Assertiveness (V)          |
| Fear of learning (V)                         | Formal support mechanisms (mentorship and facilitation) (V) | Reflection (V)                      | Links to practice (V)      |
| Changes to role and how you carry it out (V) | Time/workload (V)                                           | I could do it better (V)            | Power (V)                  |
| Interruptions (V)                            | Learning from others (V)                                    | Team working (V)                    | Internal drivers (WD)      |
| Resources (WD)                               | Organisational support (WD)                                 | Colleague support (WD)              | Relevance to practice (WD) |
| External factors (WD)                        | Professional barriers (WB)                                  | Financial (WB)                      | Workload (WB)              |
| Resources (WB)                               | Time (WB)                                                   | Them- team characteristics(WB)      | Internal factors (WB)      |

V= verbal data, WD= driver from written data, WB= barrier from written data.

## ***Conclusion***

The written and verbal data gathered from the focus group discussions have been presented in this chapter. There has been consideration of the coding and categorization process with the recognition of an initial forty categories. It was apparent from the data, that the range of issues affecting learning was both extensive and individualised with each participant being affected by some issues more than others. However, to enable detailed analysis and ensure that I was interpreting the views of participants correctly, a process of linguistic metaphor analysis was undertaken. This aided the decision making process related to final categorization and the development of themes.

Key issues that arose out of this chapter relate to the coding and categorization process undertaken in this project. The large amount of data gathered, meant that collating the information into a format that could be analysed and discussed, was a time consuming process. However, the use of Creswell's (2007) spiral of analysis encouraged frequent return to the literature, thus ensuring my understanding and interpretation of the data was effective.

To further check the accuracy of my interpretation, I decided to carry out a process of linguistic metaphor analysis, which is presented in the following chapter. This process deepened my understanding of the feelings, perceptions and experiences of registered nurses in relation to how they learnt.



## **CHAPTER SIX - LINGUISTIC METAPHOR ANALYSIS AND THE DEVELOPMENT OF THEMES**

### ***Introduction***

In this chapter, I will consider linguistic metaphor analysis which was used to check my understanding and interpretation of the views of participants in relation to learning about practice. An explanation of linguistic metaphor analysis will be given together with a justification for its use in this project. The process that has been used to carry out the analysis will be described. This will be followed by a detailed discussion of the analysis and findings of the process.

Also in this chapter will be a presentation of the themes that arose from the findings. The themes will be discussed further in chapter seven. It was apparent that linguistic metaphor analysis was a useful tool for deepening my understanding of the feelings, perceptions and experiences of participants adding considerably to the development of the categories and themes.

### ***What is linguistic metaphor analysis and why use it in this project?***

Linguistic metaphor analysis considers the underlying meaning of the words used by individuals. Analysis of words used by an individual will uncover the underlying thought processes, values and beliefs. Schmitt (2005) highlights this when he writes

Language is at one and the same time subject and medium.

Schmitt (2005 p 358)

Cameron (2006) suggests that people reveal how they think and feel about issues through the language they use and goes on to argue that our understanding of people's

emotions, attitudes and the way they conceptualise issues can be enhanced through the use of linguistic metaphor analysis (Cameron 2006).

In this project, I sought to investigate the feelings, perceptions and experiences of participants about learning. During the focus groups, it was noted that participants were using metaphors to describe their experiences, perceptions and feelings. This led to some difficulty with the analysis and categorization of their responses. Creswell (2007) highlights that the categorization of data arising out of qualitative data can be both time consuming and difficult, whilst Aubasson (2002 in Schmitt 2005) suggests that metaphor analysis can help to organise the vast amount of data gathered in qualitative research. It was anticipated that detailed linguistic metaphor analysis would not only deepen my understanding of the views of participants but would aid the categorization process and the development of themes.

Because of my professional background, I have knowledge of the world of work in that the participants are involved and thus have an understanding of the specialist contexts and cultural expertise of this particular group. Schmitt (2005) argues that this background knowledge makes me an appropriate person for undertaking this type of analysis in this situation. Thus, linguistic metaphor analysis has been undertaken through the analysis of both the written and verbal data.

### ***The process of metaphor analysis***

Low and Todd (2006) stress the importance of having and reporting a procedure to follow when carrying out metaphor analysis. In linguistic metaphor analysis, data is normally reviewed and searched for metaphors. During the review of the data, a judgement can be made assessing if participants in the research project have used

words and phrases in the usual way. If not, these terms can be further investigated to discover the meaning given to them by the participant.

In this project, both written and verbal data have been collected and both types of data have been subject to linguistic metaphor analysis. Tapes from the verbal data were not transcribed, but instead were listened to on several occasions allowing me to identify key areas and issues of concern or interest. I was also able to pick out the voices of individuals and follow their argument, further developing my understanding of the views of individual participants.

Low and Todd (2006) highlight that reliability can be difficult to demonstrate in metaphor analysis as the researcher may interpret metaphors differently on two different days that will affect the coding process. The reasons for this can be very valid. The process of interpretation for metaphors found in the data collected is demonstrated through a detailed explanation of both the process undertaken and how decisions about interpretation have been arrived at, thus increasing the reliability of the analysis. This is seen as good practice when presenting the findings of linguistic metaphor analysis (Low and Todd 2006).

Schmitt (2005) recommends that the systematic procedure for linguistic metaphor analysis follows a staged approach. The first stage of the process is that initial analysis takes place during which key issues are identified. I was able to do this through the initial categorization process where forty initial categories or issues were identified. This consisted of thirteen categories from the written data and twenty seven categories from the verbal data.



The second stage of the process is that once initial analysis has taken place and issues and categories have been identified, the data are searched for metaphors that relate to that issue or category (Schmitt 2005). Having identified the initial forty categories, I was then able to search the data for related metaphors. This enabled me to uncover some metaphors or words and phrases used in an unusual way. These were checked with the aid of a dictionary and data surrounding the metaphor was analysed to check for connotations and nuances. Deeper consideration of these helped to clarify the meaning of comments made by participants that in turn enabled effective categorization.

This process identified that whilst the majority of linguistic metaphors appeared in the verbal data, there were some linguistic metaphors used in the written data that were worthy of further consideration to ensure my understanding of the views of participants was correct.

The third stage of Schmitt's (2005) process of linguistic analysis requires the researcher to search for the meaning of metaphors used by participants. Cameron (2006) recommends the normal meaning of words is checked in a dictionary. The Concise Oxford Dictionary (1991) was used for this purpose to ensure participants were using terms in the same way that I understood.

Once the meanings of metaphors have been clarified, Schmitt (2005) recommends that they are grouped into clusters or categories that can then be analysed. This process has been completed through the development of themes that are analysed in the following chapter.

### ***The results of linguistic metaphor analysis in this project***

Aita et al (2003 in Schmitt 2005) highlights the importance of looking at our own words to search for metaphors as this may affect the outcome of the project. Thus, consideration was given to the terms drivers to learning and barriers to learning that I used to introduce the written exercises in the groups, as this may have influenced the understanding of participants.

To introduce the activity in the groups, participants were asked to identify three drivers and three barriers to learning. I used the term *driver* to mean something that encouraged or helped participants to learn. However, the normal meaning to this word is a person who drives a vehicle (Concise Oxford Dictionary 1991). An explanation of how the term was being used clarified what was required. Similarly, the term *barriers* was used to mean things that prevented or discouraged learning. Participants recognised the use of the term without further explanation

### ***Written data***

Written data consisted of that gathered during the first part of the meta-planned focus group where participants individually wrote 3 barriers and 3 drivers onto post-its, then as a group they put the post-its into groups or categories which they gave a title. As such, it is not possible to identify individual participants from the written data.

Participants used metaphors both in the titles they had given the categories and the comments they had made in them. For example, in the third focus group, one participant wrote

*Pressure, stress, frustration, anger and hostility*

This had been categorized by the participants under the heading “time” which they had identified as a barrier. The connection to time was not immediately apparent,

although the placing of this comment by the participant in the category “time” implied that time, or in this case lack of it, caused these feelings.

The term *pressure* is defined by Allen (1991) as the application of force on something to either prevent or encourage a response, whilst *stress* means a demand for physical or mental energy. The normal meaning of *frustration* is to make ineffective, whilst *anger* normally means extreme displeasure and *hostility* implies antagonism (Allen 1991). Used together and placed in the category “time”, these terms imply great distress caused through a lack of time to learn. This pressure may be applied either by an external agency or by the participants own desire to learn and develop. The terms could have been placed under the category “internal issues” but this would not have reflected the emphasis the participant gave to the comment. The terms themselves could have been applied to any situation or issue but the participant had placed the comment under the category entitled “time”. Placing the comment in this category ensured the context was apparent.

A further participant had written *professional snobbery* which they had placed in the category participants labelled “professional barriers” identified as a barrier to learning. The term *snobbery* refers to an individual’s attitude of superiority over others whose attainments they consider inferior (Allen 1991). In this case, this relates to professional superiority that is, a professional person who feels they are superior to others in the team, because they have attained more professional standing than other members of the group.



Whilst the category “professional barriers” only received 2 votes, it is related to the issue of power and the misuse of this. Issues relating to power were mentioned in various ways in the verbal data, for example in the discussion around mentorship and helping others to learn and develop. In this case, however, the participant felt that the attitude of superiority was restricting their ability to learn placing it in the category “professional barriers” This was seen as unrelated to mentorship which was more to do with helping rather than hindering their learning. *Professional snobbery* led to feelings of inferiority in the participant that affected their confidence and adversely affected both their learning and their ability to develop.

The other comment in the “professional barriers” category was *career pathway* that related to the ability of participants to reach their full potential and have this potential recognised through promotion. The category of “professional barriers” thus involved feelings related to how others affected the opportunity for participants to develop their skills and expertise and their ability to progress up the *skills escalator* (2006).

An example of a metaphor relating to the title of a category was “Them - team characteristics”. Allen (1991) identifies that “them” is a group of people not including the participant, whilst “team” means two or more people working together. A “characteristic” is a feature or quality. Thus, in this case, the qualities of those with whom participants were working closely with, were a barrier to their learning.

However, in the “them – team characteristics” category, five participants had also commented about *life activities and other commitments*. The implication here is that it was not just work colleagues that created barriers for learning, but also those outside

of work whom the participant liaised with, such as family and friends. Thus, the characteristics of members of all the teams the participants spent time with, influenced their capacity to learn. Comments relating to life outside of the professional or working lives could have been placed under a category with a different heading such as “external issues”. However, by placing these comments here, the participants were identifying the importance of characteristics in a team either personal or professional that impinged on their learning.

The evidence of metaphor in the written data was less apparent than in the verbal data. This may have been because participants were making considerable effort to be clear and precise about their written comments. During the collection of the verbal data, the environment was much more relaxed and informal and as participants could explain what they meant, they were less likely to be precise. This led to the use of considerably more metaphors in the verbal data. Despite this, analysis of the metaphors in the written data deepened my understanding of the views of participants and led to a review of the verbal data to check my understanding.

### ***Verbal data***

Verbal data was collected from participants as they discussed, identified and voted on the categories in the written exercise. I did not become involved in this part of the discussion, but following the categorization process I facilitated further discussion relating to the written categories and comments that participants had made, seeking clarity and deeper understanding of participant’s views. This discussion was facilitative in nature. Linguistic metaphor analysis was carried out to clarify and aid my understanding of the views of participants and assist with the final categorization of verbal comments.

An example of how linguistic metaphor analysis assisted with the categorization of the verbal data is found in the following example in the category “formal support mechanisms (mentorship and facilitation)”. The following three comments were made in the same focus group during the discussion of mentorship. As such, they all relate to mentorship and some of the difficulties and advantages of having an identified mentor to discuss issues with.

Participant D said

*I appreciate it if I have a mentor, but perhaps we are all like soldiers because if it is not there, we just soldier on.*

Participant E went on to say:

*I don't feel that I do have a buddy actually. In my team basically everybody has got a Masters, I feel like I am hobbling along behind everyone constantly trying to keep up and though they are pleased I am doing it, there is no understanding of why you are being pathetically slow at getting it*

Participant F said

*If I had a mentor I would tear their ears off.*

In these comments the following metaphors were found to be important

*Soldier*

*Soldier on*

*Buddy*

*Hobbling along behind everyone*

*Pathetically slow at getting it*

*Tear their ears off*

The word *soldier* normally means someone in the army, whilst *soldier on* means persevere doggedly (Allen 1991 p 1157). Thus in this comment, it appears the



participant feels a mentor is useful but not essential as they will carry on trying to achieve their original aims regardless. It will however, be more difficult without the aid of a mentor. This demonstrates a motivation to succeed despite the difficulties, so could have been grouped into the category “curiosity/interest/ passion” However, following metaphor analysis, it is apparent that the comment produces a concordance with the comment from participant E

The term *buddy* normally refers to a close friend (Allen 1991) whilst *hobbling along behind everyone* means to walk lamely or to proceed haltingly to the rear of every body else. In this case, the participant felt they had no friend at work to support them and was struggling to keep up with the academic progress of others. Whilst this could prove a driver to their own learning, it could also create a barrier if they felt they are under too much pressure and indeed, this was the feeling expressed by this participant. The pressure this participant felt becomes apparent by the use of the words *pathetically slow* that normally means miserably inadequate, taking a long time to do something (Allen 1991). In this example, the participant felt they were struggling alone to achieve learning that was almost out of their reach. As such, the aid of a buddy would have been very beneficial for this participant.

Participant F expressed feelings about the need for a mentor more passionately through the use of the comment *tear their ears off*. Literal review of this comment leads to a feeling that the participant is threatening to harm a mentor as *tear* normally means to rip apart (Allen 1991) However, this comment was made as part of the conversation with participants D and E above and portrayed the participant's

passionate belief in the need for a mentor to support them through their studies, although the emphasis of the total comment implied this was not always available.

When undertaking linguistic metaphor analysis, it is apparent that the literal meaning of words is not always sufficient in gaining full understanding, as the position of words in a conversation or sentence can completely change what the participant is saying. Schmitt (2005) highlights this when he argues that to carry out metaphor analysis successfully the surrounding conversation must be considered as this may impinge on our understanding.

The nuances and concordance between the phrases above highlights the need for support mechanisms to be in place that enable participants to continue their learning. They also demonstrate the motivation required and the risk of failure that could occur without adequate support. Whilst the phrases could have been placed in different categories, the overall impression of these three comments relates to mentorship and issues surrounding it.

A further example of the importance of where words are placed in a sentence was provided by participant J who said

*Blind you with science.*

This metaphor could have been placed in the categories “learning from others” or “power”, thus detailed analysis of the comment was undertaken. The term of particular interest in this comment is *blind*. Allen (1991) defines this word as lacking the power of sight. However, through the use of the whole phrase, the implication is that the individual is overawed with a display of knowledge by another (Allen 1991).

The placing of the word *you* after *blind* implies it is another individual that is doing this to you rather than you doing it to yourself. This would appear as *you are blinded by science*. As the words are placed *blind you with science* the nuance is that there are some underlying power relations that may be being used inappropriately, almost as if another individual is stressing their superiority. To check this was correct, the audio-tape of the focus group was listened to again and this nuance was indeed reflected in the tone of this part of the discussion that related to the unwillingness of some to share their knowledge. Thus the comment *blind you with science* was placed under the category “power” along with other comments relating to individuals keeping the knowledge they have gained to themselves. This ensures others remain dependent on them, therefore emphasising their own power and their own indispensability.

Metaphor analysis also assisted with the categorization process relating to comments surrounding “reflection”. For example, a comment made by participant H could have been placed either in this category or in the category entitled “negative feelings”. However the nuances and connotations of the statement made it more appropriate for this to be placed in the “reflection” category.

The comment made by participant H was

*I always had a tendency to sit and wring my hands and then three days later realize that it wasn't meant like that. You see it in the cold light of day and talk it through with someone and I think I was a little over zealous in my summing up of the situation.*

The metaphors of importance in this case were

*Wring my hands*

*Cold light of day*

*Over-zealous of my summing up*



The term *wring* usually means squeeze and twist to remove liquid, but when joined with *my hands* it can be understood as to clasp hands in a gesture of great distress (Allen 1991). The term *cold light of day* is one that is frequently used. However, *cold* usually means a low temperature and *light of day* is not normally viewed as cold, but as an appearance of brightness that enables us to see. The use of the words *cold* and *light of day* together, implies clarity. *Over-zealous* usually means very enthusiastic. Thus in this case, the participant realises that they have misread a situation but can now put it in perspective and review the situation rationally. The use of passionate language portrays a sense of distress that is reduced on reflection. Consequently, negative feelings the participant felt were transitory. The category “negative feelings” included comments that related to negative feelings that were of a much longer duration and related more to a feeling of inadequacy or a lack of confidence. Participant H suffered some initial negative feelings, but these are resolved over a short period of time. It was therefore more appropriate to place this comment in the “reflection” category.

In the verbal data there were some examples of metaphors that are used regularly in everyday language. However, it was useful to analyse these to ensure participants were using them in the way I anticipated and to check my understanding of the feelings and perceptions of participants. This further aided the categorization process.

Participant M said

*Shows you the ropes*

Further on in the discussion, participant M also said

*Walked in those shoes*

Reflection and analysis of these comments led to them being placed in two separate categories. However, without an analysis of the metaphors and surrounding conversation they could have been placed in the same category.

Both of these metaphors are used regularly. In this project *shows you the ropes* can be understood to mean an experienced person has shown you have to carry out a procedure or how to behave in a particular scenario. *Walked in those shoes* can be understood as meaning an individual has lived the life of somebody else for a period of time. This may be through carrying out the role of somebody else and involves taking on their responsibilities and decisions they have to make. Walking in the shoes of another can give a deeper understanding to the role, responsibilities and difficulties an individual faces on a daily basis.

In both cases the individual expands their knowledge of the roles of others. However, in the first example, *shows you the ropes*, the learner is being taught something, whilst in the second example, *walked in those shoes*, the learner is undertaking the learning themselves. This subtle nuance led to the comments being placed in separate categories with *show you the ropes* being placed in the category entitled “formal support mechanisms (mentorship and facilitation)” whilst *walked in their shoes* was placed in the category “learning from others” along with issues such as role modelling.

A further use of a metaphor commonly used was made when participant P said

*The world is your oyster*

Seen as a metaphor by itself, this comment could have been placed in many categories.

Again, this is a metaphor that is frequently used, but the literal meaning according to

Allen (1991) is something seen as containing all that one desires. To aid correct categorization, the audio-tape of this focus group was reviewed so that the meaning behind the words could be identified and the comment placed correctly.

This comment was made during a discussion around how individual priorities change as an individual matures. The participant felt that learning had become more important as they had become older and stated that they felt their choices had been reduced. Whilst individuals had many opportunities when they were younger, these opportunities were not so apparent when they got older. To expand the opportunities available, further learning was essential, thus the individual was forced to learn if they wanted to retain some control over their working lives.

There were several categories that reflected similar underlying feelings. For example, the categories “self-satisfaction” or “self-development”. However, it was placed in the category entitled “self regulatory”. This category contained other comments that implied a degree of pressure to learn that was applied by the individual rather than the team or the organisation. The categories “self satisfaction” and “self development” did not imply any degree of pressure applied by the individual but related more to individual attributes or emotions.

Again, consideration of the surrounding conversation and detailed analysis of the comments aided the categorization process.

Linguistic metaphor analysis proved very useful during the process of categorization developing my understanding and allowing me to reflect the perceptions, experiences



and feelings of the participants appropriately. Analysis of the structure of the sentence as well as the individual words in it, further aided my understanding and the categorization process.

During the written exercise in the meta-planned focus group, participants had given titles to the categories they had identified and I have continued to use these titles. In the verbal data I have identified category titles I feel best reflected the content and nuances of the discussion. Analysis of the metaphors used in the data aided my understanding of the views of participants.

Once I was satisfied with the categorization of the verbal data, categories were compared to those that had arisen from the written data. This process led to the development of themes.

### ***The development of themes***

In the written data, following analysis, there were a total of thirteen categories. These were compared with the twenty seven categories which had arisen from the verbal data. There was some overlap between the titles of categories in the written and verbal data. The comments used in these were analysed, which led to the combination of the two categories entitled “resources” and “time”. This resulted in the eventual formation of thirty eight categories shown below:

Table 20 Overview of all categories from both verbal and written data

|                                              |                                                             |                                     |                            |
|----------------------------------------------|-------------------------------------------------------------|-------------------------------------|----------------------------|
| Expectations of self (V)                     | Doing it for others (practice/service) (V)                  | Other distractions (V)              | Self satisfaction (V)      |
| Feelings of inadequacy (V)                   | Proving self to others (V)                                  | Lack of knowledge (V)               | Competitiveness (V)        |
| Self development (V)                         | Curiosity/interest/passion (V)                              | Success breeds further learning (V) | Spoiling self (V)          |
| Self regulatory (V)                          | Emotions/ children/ guilt (V)                               | Negative feelings (V)               | Assertiveness (V)          |
| Fear of learning (V)                         | Formal support mechanisms (mentorship and facilitation) (V) | Reflection (V)                      | Links to practice (V)      |
| Changes to role and how you carry it out (V) | Time/workload (V)                                           | I could do it better (V)            | Power (V)                  |
| Interruptions (V)                            | Learning from others (V)                                    | Team working (V)                    | Internal drivers (WD)      |
| Resources (WD)                               | Organisational support (WD)                                 | Colleague support (WD)              | Relevance to practice (WD) |
| External factors (WD)                        | Professional barriers (WB)                                  | Financial (WB)                      | Workload (WB)              |
| Them- team characteristics(WB)               | Internal factors (WB)                                       |                                     |                            |

V= verbal data, WD= driver from written data, WB= barrier from written data.

The thirty eight categories were further analysed and sorted into six themes. Categories and the comments in them were checked and reviewed on several occasions to ensure that they linked effectively to the identified theme. Further analysis of metaphors and the syntax of the language used, enabled me to ensure that my thematic development effectively reflected the perceptions, feelings and experiences of participants. An advantage of manual data management and the use of Creswell's (2007) model of analysis ensured that I was able to develop a flexible method for categorization that truly reflected and encompassed the views expressed in the data.

During the development of the themes, I reviewed the titles of the categories and the comments within them and developed titles for the themes that seemed to encompass the views expressed within them. The titles for the six themes were, “professional relationships”, “self-fulfilment”, “personal attributes”, “formal issues”, “emotional issues” and the “influence of practice.”

To aid with the development of themes, Ritchie *et al* (2003) suggests that data be presented in a matrix which enables the researcher to check that theme titles are correct and that comments and categories are appropriately placed. This matrix is presented below.



| THEME               | CATEGORIES                                              | EXAMPLES OF PARTICIPANT COMMENTS                                                                                                          |
|---------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Formal issues       | Formal support mechanisms (mentorship and facilitation) | <i>I had no mentorship, felt I had no value to them and nobody cared what I did. PF</i>                                                   |
|                     |                                                         | <i>Peer who I regard as a mentor, more experienced and knowledgeable about what it is I want to learn- doesn't have to be a nurse. PM</i> |
|                     | Organisational support                                  | <i>Organisation trusts me</i>                                                                                                             |
|                     |                                                         | <i>Organisation encourages innovation</i>                                                                                                 |
|                     | Financial                                               | <i>Funding</i>                                                                                                                            |
|                     |                                                         | <i>Cash</i>                                                                                                                               |
|                     | Resources                                               | <i>Protected time to study</i>                                                                                                            |
|                     |                                                         | <i>Access to the internet</i>                                                                                                             |
|                     | External factors                                        | <i>Government regulations</i>                                                                                                             |
|                     |                                                         | <i>NMC registration</i>                                                                                                                   |
| Self-fulfilment     | Expectations of self                                    | <i>Embarrassed because I should have just got on with it. PK</i>                                                                          |
|                     |                                                         | <i>Risk that you are going to let yourself down. PB</i>                                                                                   |
|                     | Self satisfaction                                       | <i>Developing new skills proves you can do things you didn't think you could. PJ</i>                                                      |
|                     |                                                         | <i>Get a buzz out of being able to keep up with the students. PO</i>                                                                      |
|                     | Proving self to others                                  | <i>Want to show them that I can do it as well as have that experience. PG</i>                                                             |
|                     |                                                         | <i>I don't feel that I have legitimised my position because it is not on paper and that's what people want. PB</i>                        |
|                     | Self regulatory                                         | <i>Learn things because you have to- wouldn't learn them otherwise. PM</i>                                                                |
|                     |                                                         | <i>Being in a senior position drives you to perform well. I need to be worthy of the trust put in me. PR</i>                              |
|                     | Success breeds further learning                         | <i>Learning can be a bit addictive. PJ</i>                                                                                                |
| Personal attributes | Competitiveness                                         | <i>Make our service best in area. PH</i>                                                                                                  |
|                     |                                                         | <i>Want to be part of gold standard. PA</i>                                                                                               |
|                     | Lack of knowledge                                       | <i>Patients came out with things I didn't know how to deal with. PL</i>                                                                   |
|                     |                                                         | <i>Why are we sending off for these tests when we don't understand the results? PE</i>                                                    |
|                     | Curiosity/interest/passion                              | <i>Passion for a subject is what motivates me. PE</i>                                                                                     |
|                     |                                                         | <i>Need to be interested. If it doesn't flick your switch then there is a problem. PB</i>                                                 |
|                     | Internal drivers                                        | <i>Curiosity</i>                                                                                                                          |
|                     |                                                         | <i>Promotion</i>                                                                                                                          |

| THEME                             | CATEGORIES                 | EXAMPLES OF PARTICIPANT COMMENTS                                                                                                                      |
|-----------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Personal attributes (cont)</b> | Internal factors           | <i>Lack of direction</i>                                                                                                                              |
|                                   |                            | <i>Unable to commit</i>                                                                                                                               |
|                                   | Spoiling self              | <i>Time out of work to learn feels a bit naughty and self indulgent. PL</i>                                                                           |
|                                   |                            | <i>Hmm bit like having a cream cake. PM</i>                                                                                                           |
|                                   | Self development           | <i>Need to look 5 years ahead and build on skills. PN</i>                                                                                             |
|                                   |                            | <i>Want to do more hands on things. PO</i>                                                                                                            |
| <b>Professional relationships</b> | Professional barriers      | <i>Career pathway</i>                                                                                                                                 |
|                                   |                            | <i>Professional snobbery</i>                                                                                                                          |
|                                   | Learning from others       | <i>A critical friend. PI</i>                                                                                                                          |
|                                   |                            | <i>Role modelling is very important – if I am working with someone I think I should be doing that. PB</i>                                             |
|                                   | Colleague support          | <i>Role models</i>                                                                                                                                    |
|                                   |                            | <i>Supportive colleagues</i>                                                                                                                          |
|                                   | Team working               | <i>Not feeling part of the team. PP</i>                                                                                                               |
|                                   |                            | <i>I need other people around who I work well with. PC</i>                                                                                            |
|                                   | Them- team characteristics | <i>Lack of support</i>                                                                                                                                |
|                                   |                            | <i>Life activities and other commitments</i>                                                                                                          |
|                                   | Power                      | <i>I have not given you the tools by which you can do this yourself so therefore I am powerful. PI</i>                                                |
|                                   |                            | <i>They have an extra bit of knowledge and they keep it to themselves because it gives them that extra bit of power. PH</i>                           |
|                                   | Interruptions              | <i>If I have got some focused work to do I find it difficult to do if I am interrupted. PL</i>                                                        |
|                                   |                            | <i>There are too many competing demands. PI</i>                                                                                                       |
| <b>Emotional issues</b>           | Feelings of inadequacy     | <i>Feel inadequate around the young ones. PJ</i>                                                                                                      |
|                                   |                            | <i>Many nurses feel their experience is not enough. PL</i>                                                                                            |
|                                   | Emotions/ children/ guilt  | <i>Children are good at putting you on a guilt trip. PP</i>                                                                                           |
|                                   |                            | <i>I had to make myself give up one of my supporting roles in order to allow time to study which I found really hard because they need me now. PF</i> |
|                                   | Negative feelings          | <i>If something negative happens I put it on myself and feel I should have done more to prevent it. PA</i>                                            |

| THEME                        | CATEGORIES                               | EXAMPLES OF PARTICIPANT COMMENTS                                                                                               |
|------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Emotional issues (continued) |                                          | <i>Dwell on the bad things a lot longer. PL</i>                                                                                |
|                              | Fear of learning                         | <i>I'm frightened of getting it wrong. PF</i>                                                                                  |
|                              |                                          | <i>It is hard to put yourself in a position of possibly failing. PI</i>                                                        |
|                              | Reflection                               | <i>It helps you see things the way they really are. PF</i>                                                                     |
|                              |                                          | <i>Can be uncomfortable but its positive 'cause you learn from it. PH</i>                                                      |
|                              | Assertiveness                            | <i>We meet so many nurses who are a wee bit passive- I think that kind of personality leads women into nursing. PC</i>         |
|                              |                                          | <i>If you are not the right personality then you go without. PQ</i>                                                            |
|                              | I could do it better                     | <i>Need to walk in someone's shoes to understand their role properly. PE</i>                                                   |
|                              |                                          | <i>Learning gave me the confidence to realise I know as much as them. PG</i>                                                   |
|                              | Other distractions                       | <i>I can't even begin to concentrate until everything else is done so have to clean the house and do the ironing first. PF</i> |
|                              |                                          | <i>There is displacement activity</i>                                                                                          |
| Influence of practice        | Links to practice                        | <i>Learning relates closely to clinical role. PQ</i>                                                                           |
|                              |                                          | <i>Doing it because I feel I have to do it for the patient. PN</i>                                                             |
|                              | Changes to role and how you carry it out | <i>Able to justify practice a bit more. PI</i>                                                                                 |
|                              |                                          | <i>Practice supported with evidence. PK</i>                                                                                    |
|                              | Relevance to practice                    | <i>Change practice</i>                                                                                                         |
|                              |                                          | <i>Improve the patient experience</i>                                                                                          |
|                              | Workload                                 | <i>Pressure of work</i>                                                                                                        |
|                              |                                          | <i>Overloaded with structural changes</i>                                                                                      |
|                              | Time/workload                            | <i>Lack of support and commitment from others because they feel they have enough to do without anything else. PF</i>           |
|                              |                                          | <i>Time just wasn't there because of service demand. PA</i>                                                                    |
|                              | Doing it for others (practice/service)   | <i>My learning relates closely to my clinical role. PQ</i>                                                                     |
|                              |                                          | <i>Want to do something good for the patient. PG</i>                                                                           |

P = participant followed by the code allocated to individual participants A-R. Where there is no code, the comment has arisen from written data.



Use of the matrix was very helpful with the development of themes, as this ensured that the perceptions and experiences of all participants were reflected in the final analysis and discussion.

### **Conclusion**

Within this chapter, I have discussed linguistic metaphor analysis which was used to uncover the thoughts of participants in relation to learning about practice. An explanation of linguistic metaphor analysis has been given together with a justification for its use within this project. The systematic process which has been used to carry out the analysis has been described, and this was followed by a detailed discussion of the analysis and findings of the process. It is recognised that metaphors can be interpreted in different ways; therefore a detailed discussion about both the decision making process and the final decisions made has been included.

Key issues that arose from this chapter are that linguistic metaphor analysis was a very useful tool for deepening my understanding of the feelings, perceptions and experiences of participants. The language that individuals use to describe an experience often hides deeper more intense feelings, which can only be uncovered through a systematic and detailed analysis of that language. It was surprising to uncover the depth of feeling that linguistic metaphor analysis enabled me to do.

Themes that arose from the findings have also been presented within this chapter. The use of a matrix has been helpful in ensuring that the categorisation and development of themes reflect the findings in the data. Within the following chapter, the identified themes will be further discussed and analysed.

## **CHAPTER SEVEN - DISCUSSION OF THE FINDINGS**

### ***Introduction***

The previous two chapters consisted of a presentation and analyse of the written and verbal data gathered through meta-planned focus groups. A discussion and synthesis of these findings will be presented in this chapter. The discussion will be underpinned through reference to appropriate literature. Data have been sorted into six themes which are *personal attributes*, *emotional issues*, *self-fulfilment*, *formal issues*, *professional relationships*, and the *influence of practice*.

Review of these themes highlights that there are three main areas that influenced the learning of the participants in this study. These are the individual nature of learning, the social environment of learning and cultural aspects of learning. Whilst all participants were affected by each of these areas, individual participants were affected in varying degrees, thus emphasising the uniqueness of individuals.

This chapter will consider the findings in relation to these areas, which become the basis for a model of support for learning in practice.

### ***The individual nature of learning***

The individual nature of learning relates to the personal attributes of individuals such as motivation and long term career plans. Also included, are issues which made participants either feel good about themselves or made them doubt their own abilities, therefore affecting their self esteem. Thus the themes of *personal attributes* and *self fulfilment* are most relevant here. Whilst there is some overlap with issues arising out of the theme *emotional issues*, many of these relate to cultural influences, thus the theme of emotional issues will not be considered here.

In the data there were several comments made relating to personal attributes and feelings. This was less apparent in the written data than in the verbal data. This may have been because the group dynamics encouraged discussion during the collection of verbal data (Bowling 2002) as participants began to relax and feel more comfortable with each other, whereas written data was collected on a more individual basis at the beginning of the meeting. Alternatively, participants may have felt more comfortable discussing personal issues, rather than putting them in writing.

Participants identified that *personal attributes* had a significant influence on their learning, motivation and long term plans relating to career or self development. Include in this theme were attributes such as curiosity, passion and interest as well as the pleasure that many of the participants gained from learning.

There was recognition from participants that curiosity and interest were a major influence enhancing their motivation. However, few participants were able to expand on what had stimulated their initial interest and curiosity about an issue. One participant felt that their questioning approach stimulated their interest whilst, a further participant, felt that it could have been the way s/he had been brought up. The remainder of the group were unable to explain how their curiosity and interest arose.

Tuijnman (1999) asserts that interest relates closely to an individual's culture and background whilst Bridger (2007) found that learning was influenced by the cultural values and beliefs of the individual which had been developed throughout life. Certainly, the work of Davies and Banks (1992) and Connolly (1995) highlights that



the concept of motivation as highly individualised and is influenced by the individual's demographic background.

Conversely, Lave and Wenger (1991) contend that motivation is stimulated as the student develops a sense of belonging to a CoP, whilst Collin and Maija-Valleata (2005) maintain that motivation is influenced by social relationships which occur as employees share activities. However, for the participants in this study, *curiosity*, *interest* and *passion* were much more important issues which stimulated their motivation, rather than social relationships or the environment in which they worked.

For McGregor (1960 in Atherton 2009), motivation can be either intrinsic, that is, interested in something for its own sake, or extrinsic which is motivation to gain social acceptance. Often there is a combination of intrinsic and extrinsic factors which will stimulate an individual to learn. Watts *et al* (1996) asserts that motivation can also be affected by financial reward and for participants in this study, the impact of *the skills escalator* (2006) and the opportunity for career development arising out of *Modernising NHS careers* (2006), had a considerable impact on their motivation to learn.

Participants recognised that they needed to develop their skills if their careers were to progress in the way they wanted them to. Participants wanted to enjoy their work and felt they were motivated to be successful in their roles if they were interested in them, similar to the findings of Martens *et al* (2010). Indeed, participant R had taken a demotion from a highly paid managerial role to take up a position in clinical practice. This participant's long term role was to be a consultant nurse and s/he was

undertaking the Master programme to develop cognitive and analytical skills whilst working in a practice area, where s/he was developing skills and discovering new ways of working. This desire and long term goal provided them with the motivation to learn.

Some participants felt that their motivation to learn arose from a feeling of competitiveness to provide the best service in the area, and a desire to provide a good service to patients that the participants could be proud of. There was acknowledgment that this was influenced by government policy and Foundation Trust status (DH 2006). Linked to this desire to provide a high level of service to patients, was the relationship of learning to practice. The influence of this was not underestimated by participants, with several feeling that the relationship to practice played a large part in maintaining or stimulating motivation. Indeed, the participants in this research felt that a lack of purpose or relevance to practice led to a lack of motivation similar to the findings of Tuijnman (1999).

Many participants also commented that learning could be a pleasure and led to a feeling of being spoilt which they missed once their learning episode was complete. The pleasure to be gained from learning is not widely discussed in the literature. However, Hughes (2009 in Newman 2009) highlights that for many, learning can be a pleasurable experience which brings rewards of confidence and further stimulating motivation. Certainly, for this group of participants, the pleasure of learning was affected by their interest, curiosity and motivation, which in turn affected their pleasure in learning. Thus, this was a cyclical experience leading to a long term commitment to life-long learning.

Developing strategies to stimulate and maintain interest and pleasure in learning remains a challenge for those working within nursing, training and nurse education. Ensuring that learning is a pleasurable experience which meets the needs of learners whilst stimulating their curiosity, passion and desire to succeed, should increase motivation and interest in the topic.

Further issues relating to the individual nature of learning were contained in the theme of *self-fulfilment*. There was a sense of achievement which made participants feel good about themselves and their capabilities when they had successfully achieved new skills or learning. Participants felt this sense of achievement enhanced their motivation for further learning, with one participant describing this process as a cyclical event.

However, participants also felt they had to prove themselves to others, although there was recognition that this related more to their own feelings of inadequacy, rather than the expressed opinions of others. Participants said they had high expectations of themselves which led to the need to prove something to others. Many felt they were not good enough because they were less well educated than other, possibly more junior, staff. This feeling was expressed by some very senior participants with many years of practice experience. Indeed, amongst all participants there was little recognition of the value of their practice experience. Participants also expressed concerns that once nurse education leading to registration was raised to degree level, they would not be eligible to support or facilitate the learning of student nurses. This further emphasised their feelings of inadequacy.



For these participants, this feeling of not being good enough was a strong incentive to learn. This is of particular importance with the current emphasis on performance indicators as part of a yearly appraisal system for nurses. As a result of *the skills escalator* (2006), if the performance indicators are not achieved the nurse may not be eligible for a pay increase. McGregor (1960 in Atherton 2009), identifies this as extrinsic motivation, as the participant was wishing to gain respect and social acceptance of their ability to fulfil their role.

The seniority of the position participants had in the work area, further influenced their learning experience. As participants came to hold more responsible positions, the pressures to increase their knowledge became greater. There were three aspects expressed regarding this. Firstly, they were embarrassed if they didn't know something they felt they should, and secondly, the expectations of other staff that their knowledge would be greater. Thirdly, participants liked to be held in high esteem and did not want to risk letting themselves down and losing that esteem. Thus, pressure was both internal and external and emphasised a feeling of inadequacy or not being quite good enough.

Regardless of the role in which participants worked, feelings of inadequacy played a large role in stimulating the learning of participants. There was recognition that planned changes to the initial nurse registration programme were going to further pressurize registered staff and increase feelings of inadequacy, which acted as a driver for learning to ensure they were not marginalised. These anxieties are similar to those found in the work of Francis and Humphreys (2000), who wrote about the demise of the state enrolled nurse who found that they either undertook further education to

become registered nurses, or their opportunities for employment greatly reduced. Indeed, many enrolled nurses are now employed as health care assistances, paid a reduced salary and with decreased responsibility.

Within the focus groups, there was discussion about the effect of not having a particular academic qualification and this issue clearly created some anxiety and friction for participants. Since the publication of the Dearing Report (1997), there has been an increase in work-based learning programmes and the use of academic accreditation of experience. This enables experienced practitioners to gain academic credit for their practice expertise.

However, the award of academic credit is erratic in the UK and dependent upon the university to which the practitioner applies (Nikolou Walker and Garnett 2004). For example, one university may award large amounts of academic accreditation for a particular piece of practical work, whilst another will offer none. Similarly, some universities will award academic credit which the practitioner can transfer to a different university and others, while some will award academic credit which can only be used towards an academic award, such as a degree, at the university where the academic accreditation was recognised (Lester 2007). Whilst the use of academic accreditation has become more widespread, the anomalies to the way it is applied caused confusion and angst amongst practitioners within this project.

There was recognition from participants that developing their skills and expertise could lead to promotion. However, for participants in this study there was little recognition of the value of skills and expertise achieved through their practice as they

felt this should be underpinned by academic achievement. Whilst the importance of skills and practice are recognised within Leitch (2006) and Darzi (2008) a contradictory approach has been taken by many NHS Trusts as a result of *the skills escalator* (2006) and *Modernising NHS careers* (2006) requiring the achievement of academic qualifications before individuals can achieve a particular role. This diminishes the value of practical skills and experience.

One way of addressing this is through the academic accreditation of practical experience. However, participants in this study were confused over the process of academic accreditation which was further emphasised within the review of the literature with different academic institutions applying different guidelines to the process.

For these participants, their feelings of inadequacy and the desire to prove themselves to others was a considerable influence on their learning, whilst their experience of learning affected future learning opportunities and progress. Although there was interest in the academic accreditation of experience, participants found the process confusing and did not engage with the opportunities provided.

Consideration was also given to programmes of work-based learning that enable the academic accreditation of experience. In the literature, it was apparent that despite the influence of Dearing (1997) there remains concern about the recognition of learning in the work place within some fields of academia. Whilst many universities provided programmes of work-based learning, the format of the activity varied widely. For example, some universities such as Middlesex University and the university where I



work facilitate the student to write their own learning outcomes and assessment strategies, whilst other universities provide a very structured approach to work-based learning prescribing what the student will learn and how this will be assessed. These anomalies created confusion amongst the participants of the research project.

For these participants, a reduction in the anomalies within the process of accreditation of experience would go some way in helping them achieve the academic qualifications they need to fulfil their roles. Similarly, a supportive learning environment which recognises the expertise of learners in some but not all areas may have encouraged these participants to express their learning needs. From their research in a special care nursery, Wilson *et al* (2006) concur that a supportive environment is of considerable importance to enable effective learning to take place in the work area.

From the literature, it was apparent that the relevance of learning is of importance for effective learning. This was also expressed by the participants within this study, who emphasised that this increased their interest and curiosity and had a major impact on their motivation and the pleasure they gained from their learning experience. Some participants felt that an element of competitiveness about the standard of care offered to patients stimulated their motivation, whilst for others motivation was enhanced through a desire to prove they were as effective as their colleagues. Feelings of inadequacy or not being good enough expressed by participants are not discussed widely in the literature in relation to healthcare and the role of nurses.

Key issues that arose from both a review of the literature and the data collected from participants related to the individual nature of learning are that, motivation is stimulated by a variety of attributes that affect individuals to varying degrees. These attributes are curiosity, passion, competitiveness, a desire to do well at work and a desire to be held in high esteem. For these participants, their individual personal attributes affected and stimulated their learning more than any other issue. Despite this, both the social and cultural aspects of learning had a major impact on their success.

### ***The social environment of learning***

The social environment of learning relates to the relationships participants had with others. The influence of these relationships was discussed in detail, in both the verbal and written data. Included in this was not only the relationship with colleagues, but also those with family, friends and patients. Themes that particularly related to the social environment of learning were *professional relationships* and the *influence of practice*.

Relationships with other members of the team were seen as important by participants in this project. Generally, being part of a team that trusted and encouraged them was perceived as having a positive influence on learning, whilst ineffective team relationships negatively impacted on participants' learning. For example, one participant felt they had been excluded from the team and this had a detrimental impact on both their confidence and learning, leading to feelings of isolation and anxiety. It is very unusual within healthcare that someone will work entirely by themselves, as without the co-operation of work colleagues, the individual will not be able to function effectively and their progress will be constrained.

During the focus groups, there was some discussion about the characteristics of a successful team. Participants identified that these characteristics included the effective sharing of information and a supportive environment with the whole team working to the same goal. Several participants worked in teams that were generally effective, but which contained one or two individuals, who did not participate in the team productively. This, participants felt, undermined the whole team. There was recognition that supportive relationships which recognised the skills of all involved, were needed for a team to all work effectively together.

Barnett (1999) argues that we continually learn from one another, whilst within the model of learning identified by Lave and Wenger (1991) people learn from the CoP to which they belong. However, whilst the CoP model does offer insight into how people learn at work, Lave and Wenger (1991) offer little explanation or advice about how successful relationships in the work area can be achieved or how a breakdown in the working relationship will impact on an individuals' learning. Participants in my project felt that the inability to become part of an effective team, may eventually lead to the individual leaving the community, with the accompanying loss of skills and expertise.

The relationship between the expert and the student is explored in greater detail within the work of Eraut *et al* (1999). However, whilst Eraut *et al* (1999) recognise that the expert and student will learn from one another, there is little consideration of the impact that the whole team will make on the learning of the individual.



Participants in my project recognised that the relationship with their immediate colleagues impacted on their progress, but they also identified that their learning was influenced by relationships with the wider circle of colleagues. For example, relationships with other professions with whom they had to work. This was particularly noticeable when working with people who felt their knowledge gave them a degree of power over others, so refused to share it. The reasons colleagues used their power to the detriment of others varied from lack of confidence themselves, to the desire to be needed, that is, I have not given you the tools to be independent so therefore you will continue to need me. Participants felt this attitude increased the job security of the individual, because nobody could do the job they did, therefore they were indispensable. This had become particularly apparent in light of recent financial cutbacks

In the focus groups, it was felt that the inappropriate use of power had a negative impact both on the relationship participants had with colleagues, and their learning and confidence. Despite considerable policy initiatives and work around building effective teams within the NHS, participants continued to work in the traditional hierarchical environment of the NHS. This reduced the impact of initiatives and reinforced ineffective team working.

However, whilst participants said some colleagues used power inappropriately, they felt other colleagues were extremely helpful. A support mechanism that was more readily available in an informal way for participants was role models. These were seen to be very helpful particularly if participants had been able to emulate behaviour. Role models often inspired participants to learn or develop their skills. Even negative

role models were useful because participants did not want to be seen in the same light as the bad role model.

Law (1996 in Watts *et al* 1996) highlights that the use of role models will initiate learners into the behaviour and culture of the organisation in which they work. This, in turn, will influence their progress and opportunities for promotion or career enhancement. Two participants within this study had worked with more senior staff shadowing their role. Kidd (1996 in Watts *et al* 1996) highlights that this can be a very useful technique when wanting to develop skills which will improve the opportunity for promotion. Certainly this had been the case for one participant, who was able to gain promotion after shadowing a senior colleague for some while. Thus, relationships within the team and the wider working environment were important to the experience of participants related to their learning and development.

Some participants highlighted the difficulties they felt themselves when supporting more junior and inexperienced staff, particularly if their own workload was heavy as no extra time was allowed for mentorship or supportive activities which is an issue that Eraut *et al* (1999) highlight in their work. Other participants expressed a concern about their lack of knowledge when it was needed, similar to the feeling of not being good enough. This led to frustration, which for some had resulted in extra education.

For example, one participant had undertaken further training because they felt that counselling skills were an important enhancement to their role, whilst another had undertaken extra training so that they were able to understand the results of some investigative tests which were carried out on patients. Several other participants had

undertaken some formal education because they realised they did not know something that was vital for their role. Certainly participants felt that one of the major influences on their learning was the resulting changes in practice, which were beneficial to patient care. Participants said they were encouraged to learn if they could see an improvement in patient care or the patient experience. Thus, participants in this project had effectively responded to both a need from patients and their own need to be able to help patients successfully demonstrating a high level of commitment and motivation.

A further issue of major significance to the progress of participants was their workload. The majority of participants were learning on top of their normal case load. For example, the participant who had shadowed a senior nurse had done this in their own time. The ability to gain designated study leave depended on the individual manager and working environment, with some participants being allocated one study day per week and others none at all.

Whilst Morgans *et al* (2008) found in their research that this inequality was commonplace, Darzi (2008), asserts that within the modern NHS there was a need for transparency and fairness within the allocation of resources. The participants in my research agreed with Morgans *et al* (2008) that for them, the allocation of study leave was unfair, with the favoured few getting it but the rest doing without. It remains to be seen what impact the Darzi (2008) report has on the allocation of study leave and funding for education.



Certainly there was a recognition that teams of staff were working hard to meet government initiatives and targets. However, often this led to feelings of stress and negativity in the whole team if initiatives were inadequately resourced or forced through too quickly for participants to adjust.

Key issues that arose from both the review of the literature and the data collected from participants in this project related to the social aspects of learning are that learning is influenced of the relationships participants had with colleagues. The importance of effective, supportive relationships was emphasised, whilst the inappropriate use of power and withholding of information and knowledge was thought to be detrimental to learning. Whilst the models of Lave and Wenger (1991) and Eraut *et al* (1991) offer much to our understanding of learning in practice, neither provides a complete picture of the experience of these participants.

### ***Cultural aspects of learning***

In this project, the cultural aspects of learning relate to the collective customs of groups of people which impact on the individual, their behaviour, views and feelings about learning. This includes aspects of different roles, emotional issues and assertiveness. Individual views can be influenced by others and what is considered normal behaviour within a particular culture. The themes that arose from the data, which are particularly relevant to cultural aspects of learning, are *formal issues* and *emotional issues*.

The theme *formal issues* related specifically to the support given to learners by the organisations in which they worked. This included the availability of effective

mentorship as well as, resources such as study leave and financial support. There was recognition from participants, that some issues related to this theme had been influenced both by government policy and regulations from the NMC.

In the focus groups, there was extensive discussion around formal support mechanisms such as mentorship, which was considered invaluable. There was discussion of what the role of the mentor was, who made the most effective mentor, and an exploration of the relationship between participants and mentors.

During the discussion on the role of the mentor, participants highlighted their need for a mentor, who was more knowledgeable than them. The majority of participants agreed that the role of the mentor was to support and help them develop their skills, either through teaching them, or by acting as a critical friend. Some participants identified that they did not have a mentor to support them. These participants said they felt they were seen as of no value, because no mentor was available. This was particularly true, if their other peers were unsupportive and refused to support their learning. Thus the supportive nature of mentorship was not underestimated.

Participants disagreed with the importance of the clinical background of the mentor with some saying that a mentor with the same clinical background was most useful, whilst others felt the skills the mentor had was most important, regardless of clinical background. This emphasised the different expectations participants in this project had of a mentor, with some expecting to be taught new skills and others anticipating a sharing and supportive nature to mentorship.

Regardless of the skills and expertise of a mentor, participants described the most effective mentorship taking place when they were able to make an emotional or intellectual connection with the mentor. Participants emphasised that it was important to feel comfortable with their mentor, and to be able to ask questions without feeling inadequate. Thus the relationship participants had with their mentor was viewed as crucial.

Within the apprenticeship model highlighted by Eraut *et al* (1999), the relationship between expert and learner is of significant influence to progress and learning. Similarly, Collin and Maija-Valleata (2005) and Felstead *et al* (2005) highlight the importance of social interactions to an individual's ability to learn. For the majority of participants within this study, the support of a mentor considerable aided their progress, although several of them identified that there had been difficulties organising or maintaining mentorship.

The Darzi report (2008) recommends that the NHS further develops a supportive work environment where learning not only takes place but is actively encouraged. The importance of appropriate support mechanisms has also been recognised by the professional body and attempts have been made to address this through the development of mentorship and preceptor-ship programmes of support. However, the emphasis of these programmes is on pre-registration nursing and the newly registered nurse. The participants in this study were registered nurses with considerable clinical experience, thus these programmes were not relevant for them. These participants felt that mentorship was of importance throughout their whole professional lives. This



important area for consideration is not explicitly identified either in the literature, or in recent governmental and professional policies.

The relationship and support of the manager was also viewed to be of importance in influencing the progress and learning experience of participants. This reflected the views of Eraut *et al.* (1999 p 107) who argues that

A major factor affecting a person's learning at work is the personality, interpersonal skills, knowledge and learning orientation of their manager.

Yandell and Turvey (2005) also found that lack of support from managers had a major impact on the learning of students whilst the Darzi Report (2008) calls for career advice, succession planning and fair and equal opportunities for learning.

Certainly, for the participants in this project, the support of the manager was seen to be of considerable importance, both because of the powerful position they were in and their experience and knowledge. This was particularly true, if as a result of their learning, participants wanted to change practice in the work area. Without the support of the manager, participants became increasingly frustrated as they were unable to implement change. It was apparent that the support of the immediate organisation and those working alongside participants was of concern in this study.

There was also some discussion surrounding organisational support related to funding and the allocation of study leave. Several participants felt that learning was their own responsibility and should be carried out in their own time. Morgan *et al* (2008) found

in their research with healthcare staff, that learning and development was perceived to be the responsibility of the individual, rather than the organisation. Crowther (2004) highlights that this as an area of concern with the current emphasis on lifelong learning. All the participants involved in the research were learning on top of a full case load and whilst they recognised this as a difficult and time consuming activity, there was little expectation that they would be allocated extra study leave. If they were allocated study leave, there was acknowledgment that learning needs were often dismissed if the practice area was very busy or stretched. Thus learning was often seen as of less value than patient care.

Crowther (2004) highlights, that the needs of an organisation rather than the individual are emphasised within the concept of lifelong learning. This can lead to exploitation of workers, particularly in the current job market and economic situation. Certainly for nurses, the impact of lifelong learning policies has been emphasised in the political and professional initiatives which have been influential within healthcare over the last decade. Political initiatives such as *Modernising NHS careers* (2006), *Agenda for change* (2004) and *the skills escalator* (2006) were found to be particularly significant. Similarly, the raising of initial nurse education programmes from diploma to degree level, whilst creating angst amongst the participants of the project, was thought to be a useful and necessary development to improve the status and influence of nursing. Whilst many of the participants felt there had been considerable change in the role of the nurse throughout the lifespan of the NHS which had created unrest and reduced morale, they remained optimistic about the implementation of the recommendations within the Darzi Report (2008).

There was recognition that the organisations for which they worked played a part in ensuring participants were educated to the appropriate level for their work roles whilst participants identified that there was a degree of coercion through the regulatory body and some of the recent political initiatives. Despite this, all participants within this study felt that learning was their own responsibility and linked to the desire to adequately perform their roles or apply for promotion.

Certainly within the theme of *emotional issues*, many of the participants expressed the need to complete their normal and expected roles before addressing their own learning needs. Participants recognised their need to be needed, and their feelings of guilt if they were not able to perform what they considered were their normal roles with friends, family and work colleagues. For some, this meant they fulfilled their normal roles before addressing their own learning needs. For example, one participant studied late at night having already carried out their normal activities which led to anxiety and stress, whilst others gave up their normal activities but then felt so guilty that they were unable to fully immerse themselves in new learning activities.

Several of the participants highlighted that they felt guilty about putting their learning needs before the needs of their colleagues, patients, families and friends. They also expressed a lack of assertiveness which led to them learning on top of a full workload and personal commitments.

The learning of the participants was affected by both their work activity and their caring role outside of work, in particular with their children but also the extended family. Many participants commented about the guilt they felt leaving their families



and children to address their own learning need. Becoming a parent or carer had a major impact on the careers and learning opportunities for many participants. Despite planning study around family life, problems often occurred which meant the opportunity for study disappeared.

Participants also found it difficult, if the caring role was withdrawn to enable them to concentrate on their learning needs, with some participants saying that the guilt they felt about learning, resulted from their inability to be assertive about their needs. Davies and Banks (1992) and Connolly (1995) argue that children are taught, through play, to fit in with the expectations society has of them. This can lead to a lack of assertiveness in adults. These participants had an expectation that they would perform a role caring for others. They found it very difficult to let go of these expectations to spend time caring for themselves and their learning activity.

The demographic data collected for this project demonstrates a ratio of 1:9 male: female thus was representative in terms of gender with the convenience sample where the ratio of male: female was 1:8.76. This data reflects the overall population of nurses where only one in ten registered nurses are male (Vere-Jones 2008). Hart (2004) contends that for many, nursing is seen as women's work and that the current paternalistic society subordinates women within the domestic and public spheres, such as nursing. Similarly, Taylor (1991) asserts that girls are influenced to be non assertive and submissive through literature and the media, which results in many women putting the needs of others before their own. As the majority of participants in this project were female, they are more likely to follow this trait of putting the needs

of others before their own and indeed, this was apparent within the data collected from the focus groups.

Participants emphasised that the caring role was extended throughout both their professional and personal lives, and their role as main carer in the household led to a feeling of guilt about putting their learning needs first. This feeling was also transferred to their working relationships, where they expressed a feeling of being naughty if they didn't respond to the needs of others, because they were addressing their own needs. A lack of assertiveness led to difficulty with setting and keeping time aside for their learning,

Alongside the feelings of guilt expressed by participants, were feelings of fear related to learning. This linked to expectations others had of them, as well as those they had of themselves. This was expressed as a fear that they would let themselves, or others down. There was recognition that learning could be a frightening experience. This fear of learning related to feelings of inadequacy with many of the participants having an expectation that they would automatically fail. The reasons for this were difficult to uncover. Whilst the participants felt their feeling of inadequacy related to their individual emotional status and past experience, there may be some other underlying factors which have led to this feeling and the expectation that they would fail.

Some participants felt that the process of reflection had helped to motivate them to learn as reflecting on activity emphasised their success with learning and changing practice which is recognised by Thorpe (2004), Cross *et al* (2004) and Yelder (2004)..

Many also found the process of reflection helped resolve issues which had upset them and as such was seen as a useful tool.

However, some participants said that there was a tendency to reflect only on issues that had not gone as well as anticipated or expected which led to the process of reflection being a painful and stressful experience (Eraut 2004 and Hobbs 2007). Thus, reflection tended to emphasise the negative aspects which participants felt was their fault, recreating a feeling of inadequacy and guilt that was linked to a culture of blame. One participant commented that nurses tend to blame one another or themselves, whilst doctors often covered up errors that other doctors had made and that the tendency to accept responsibility could be accentuated through the process of reflection.

Participants said that the culture within the NHS emphasised individual rather than corporate responsibility accentuating individual guilt and inadequacy. Despite the policy changes and initiatives to improve the culture of the NHS, for many working within this environment there remains a culture of fear and the misuse of power. Recent evidence of this can be found in enquiries such as that into care at Mid Staffordshire NHS Foundation Trust where treatment of patients was found to be extremely poor but staff were discouraged from whistle-blowing. The misuse of power was identified as an issue of concern for participants within this study.

Certainly for Lomas (2009), the culture in the NHS emphasises the role of the individual whilst purporting blame. However, Moore (2007) argues that rather than proportioning blame, mistakes should be used as a learning experience resolved



through the use of reflection or clinical governance. Despite this, the participants within this research felt that when errors were made, these were seen as an individual responsibility that caused them self doubt and negative feelings. Whilst this may be resolved through reflection, often it was a time consuming activity and the support of colleagues in resolving concerns was helpful but not always available.

Key issues that arose from both the literature and data relating to cultural aspects of learning emphasise the importance of effective and supportive relationships within the individual's personal and professional lives. A lack of assertiveness and feelings of inadequacy and guilt adversely affect the learning experience, as did the expectation that participants would put the needs of others before their own needs. Participants hoped that raising initial nurse registration to degree level would overcome some of these difficulties and they remained optimistic about the recommendations of the Darzi (2008) report.

### ***Synthesis of the findings***

The findings from this project highlight that learning about practice is a complex issue which can be affected by a wide range of influences. Whilst traditional learning theories such as behaviourism identify one aspect of learning, these learning theories are too simplistic to explain the experiences of participants in this study. Similarly, the theory of cognitive learning concentrates on the internal processes of learning without recognising other factors which may influence the individual's capability and capacity to learn.

Participants in the study identified that they learnt from colleagues for example, through role modelling and mentorship similar to Lave and Wenger's (1991) CoP

model of learning. However, whilst the CoP model contends that individuals learn from one another, Lave and Wenger (1991) do not explore the specific circumstances which may adversely affect the individual learner. An example of this is that participants said the culture of the work environment was of importance to their learning but cultural issues relating to the environment are not considered in the CoP model.

The work of Davies and Banks (1992), Connolly (1995) and Bridger (2007) highlight cultural aspects of learning which relates to the expectations society has of the individuals within it. Participants in this study felt these cultural expectations were important to their own learning experience. From the data, this related particularly to their roles as women and carers which was explored in some detail within the literature. However, the impact of cultural influences such as feelings of guilt and lack of assertiveness played an important part in the success of the learning experience for these participants. These issues are not considered widely in the literature related to learning.

Similarly relationships outside of work are not widely considered in the literature related to learning in the work area. Eraut et al (1999) highlights the importance of effective relationships within the work area to capitalise on learning and certainly for participants in this study, this was an important issue affecting their learning, particularly relating to the inappropriate use of power. However, these participants also identified that relationships outside of work with friends and family were of considerable importance and had a major impact on their learning experience.

The participants in this study identified that they found learning easier if it was related to their practice, emphasising the importance of both *knowing that* and *knowing how* (Ryle 1949 in Ramsden 1992). They highlighted that the ability to apply knowledge to practice enhanced their expertise and led to the development of new learning, that is, praxis (Thorne and Hayes 1997). Whilst the influence of learning on practice is widely discussed in the literature, the influence of practice on learning is not so widely discussed, but for these participants, issues arising out of practice motivated them to learn. An example of this was the participant who undertook a counselling course because s/he felt it would enhance the care that the patient received.

Participants in this study learned from their practice and the practice of others but this learning was influenced by a wide variety of other issues. The model presented by Illeris (2003) highlights many of these issues. However, participants in this study raised other issues of importance not considered in Illeris' (2003) model of learning such as feelings of guilt, inadequacy or the impact of personal relationships on their learning experience. From the literature, it is apparent that current theories and models of learning do not truly reflect the multiplicity of issues expressed by the participants in this study relating to their learning in practice. I suggest a complete and holistic model of learning which takes account of individual, social and cultural aspects of learning, thus emphasising the very individual nature of people and their learning.

## **Conclusion**

This chapter consisted of a discussion and synthesis of the findings from the literature and data gathered in the focus groups. The themes have been considered in three main areas, which are, the individual, social and cultural aspects of learning. These three



areas have become the basis of a model of support for learning in practice, which emphasises both the individual nature of learning and the multiplicity of issues which affect the learning of registered nurses.

The suggested model of learning highlights not only how registered nurses involved in this project learn about practice, but also the range of influences which may affect the learning process and the experience of the individual,

Key issues which arose from this chapter are the breadth of issues which can influence the learning of registered nurses about practice. Whilst many of these are considered in the literature there are several areas which participants in the study raised which are not discussed in the literature. This has led to the development of a holistic and individual model of learning relating to the learning of registered nurses about practice.

## **CHAPTER EIGHT - REFLECTION OF MY JOURNEY THROUGH THE DOCTORATAL PROGRAMME**

### ***Introduction***

This chapter is a reflection on the process and learning gained through the Doctorate in Education programme. The process not only enabled me to explore an area which has interested me for some years, but was also a journey of self discovery that was stimulating, pleasurable and enlightening. To reflect on the process I will use Driscoll's (2000) model of reflection. I have chosen this model because I feel that its loose structure will enable and encourage me to analyse areas of importance without having to respond to a rigid set of questions which could fragment the reflective process.

The purpose of reviewing my journey through the doctorate is two fold. Firstly, I wished to critically reflect on the process to identify what went well and enabled me to achieve what I set out to do. I also wished to identify what was less successful and affected my ability to achieve my goals in the set timeframe. This will ensure that during further research projects, difficulties will be reduced and successes built on.

Secondly, I wished to reflect on the changes that have occurred to my personal thinking, particularly my epistemological and ontological position, as my understanding of these has developed further as a result of carrying out this project. I started the project knowing that I was interested in the views and opinions of others but with little understanding of why I felt this was important. As I have worked through the project, the value of exploring the views of others has been emphasised

and I finished the project feeling that a hermeneutic approach was of vital importance when studying the social world, as future initiatives must be influenced by an understanding of the views of others.

Driscoll's (2000) model of reflection has three trigger questions to stimulate effective reflection. These are; what, so what and now what? Each of these trigger questions will be considered in this chapter.

### ***What? Returning to the situation***

I am reflecting on the project because clarifying my learning will enable me to build on my successes and minimise difficulties that face me in future research projects.

I began with an interest of how registered nurses learnt about practice. My interest arose from working with registered nurses in a classroom environment, where I noticed some members of the group did not progress as I felt they would. I was curious to know why this was. Whilst I could have put my own interpretation on why students were not progressing quickly, I felt that they may be able to provide more accurate information as they were living through the experience. At the time, I had not considered epistemological or ontological issues nor did I realise that I was using a hermeneutic approach in the project. For me, I was just interested in what students thought made them behave the way they did.

I knew that I would have to read widely around issues related to learning and methodological considerations. I was aware that my search strategy in previous academic work had not been particularly well structured, so I completed the Open University Safari programme of student support to start my studies and plan my



search strategy. This enabled me to review and critique relevant literature from a wide area. I looked in particular at models of learning and learning theories which helped me clarify the question I wanted to answer. Thus the research questions were developed out of the literature and my personal experience.

Because I was interested in the views and perceptions of students, I decided that an explorative, interpretive approach would be most suitable to collect data appropriate for my research questions, and facilitated six meta-planned focus groups to collect written and verbal data from eighteen participants. Demographic data were also collected to allow the findings to be situated. The qualitative paradigm allowed the depth of participants' feelings to be revealed through a detailed exploration, resulting in the collection of a large amount of rich data.

The analysis of data was structured using Creswell's (2007) spiral of analysis. This entailed detailed coding and categorization of data. To ensure I was interpreting the comments of participants effectively, I carried out a process of linguistic metaphor analysis which aided the coding and categorization process. Categories were then sorted into themes. Ritchie's (2003) matrix was used to ensure that the development of themes accurately reflected the identified categories. Finally, the findings were considered in light of the literature, and a model of learning based on the individual, social and cultural aspects of learning was identified.

### ***So What? Analysis of the event***

My interest in learning about practice has been validated by the vast quantity of literature available on related issues. Similarly, consideration of my epistemological and ontological position led to a realization that understanding the individual nature of

learning is of considerable importance and value both to me personally, to my work as a nurse educationalist, and to the wider community. Implications of this project are widespread and address issues of concern to many registered nurses.

I was excited about starting the project but was not really sure of what I was doing. I felt a good starting point would be to read around the topic I was interested in. I decided to do a search on the internet but was initially very disappointed because I could access little of any value. Not really sure where to go next, I consulted the programme guide (Open University 2005) which signposted me to the student website and the SAFARI study support system. This was very helpful as it gave me step by step instructions in how to do a literature search, and my second attempt at searching the internet was much more fruitful.

Indeed, I was initially overwhelmed by the amount of literature that was available relating to my chosen topic. Cryer (2006) contends that feelings of being swamped are a common experience for doctoral students and highlights the importance of maintaining focus on the topic area. I developed a system of speed reading every article that related to my topic area and then critically reading the articles that seemed relevant. However, I made short notes about all articles I read and kept all references. This was because I felt that papers which seemed to be irrelevant at the time of reading them may become useful further on in the project.

This called for significant organisation skills to ensure all references were accurately recorded. Having lost the work from a whole month, I decided that a training session on storing references electronically would help considerably. This proved to be the

case and reduced the amount of time spent searching for elusive references (Hammersley 2001).

Accessing a large volume of literature led to the danger that I would continue to read to the detriment of progressing on the project itself. As I am a reflective learner, I found it hard to move from reading and reflecting to the next stage in the project. Encouragement from my supervisor and the necessity of meeting the requirements of the progress reports ensured that I moved to the next stage of the project.

Alongside reading literature, I also considered my feelings and beliefs about people and the world in which we live. I had always been interested in the experiences of human beings and recognised their individuality. I felt events impacted on people differently. In turn this affected their behaviour that could go on to change the way groups of people thought and behaved. I realised my main interest was in understanding the individual nature of people and how they experienced and felt about events that occurred in their lives. Thus, I came to realise that I thought and worked from an interpretive dimension (Bryman 2008)

Through reflection on the literature and my epistemological and ontological position, I was able to confirm my research question. The qualitative paradigm and hermeneutic approach were appropriate to respond effectively to this. Understanding the views and experiences of individuals is important to provide insight into learning in practice. Certainly, Schutz (1962 in Bryman 2008) contends that interpreting activity from the point of view of participants plays an important role within the social world. As I worked through the project, my epistemological and ontological position



have become more apparent and I finished the project convinced of the individuality of people, and that each is affected differently by similar events.

Choosing the sample of participants for inclusion in the project was relatively straight forward. As I work with registered nurses completing a work-based learning award, access to participants provided a convenience sample that I could approach regarding involvement. To assist others researchers assess the transferability of my findings (Brown *et al* 2003) I provided demographic data of the participants. This reflected the demographic make-up of the convenience sample.

However, choosing participants who I worked with academically raised some ethical issues which needed to be addressed before I could proceed. The research sample may have felt coerced into participating, as many of them were half way through their programme of learning. They may have felt their future grades would be affected if they did not participate or if they said anything controversial in the focus groups. Permission was gained from the Dean of School to access the students and the Open University ethics committee. I rigidly followed ethical guidelines about coercion, confidentiality and non-maleficence (BERA 2004). All participants were fully informed about the project and signed written consent forms. They were able to withdraw if they wished without consequence to them.

My choice of research tools was appropriate for the research question. I carried out 6 meta-planned focus groups (Davies *et al* 2001). I had not used this structure for focus groups before. However, this process proved useful and enlightening. The structure of the focus group ensured that the views of all participants were gained through an

individual written exercise which was then shared and discussed with the group. Participants were central to the categorization of written comments and were able to vote on the importance of categories which was useful during the analysis of the data. Reference to the written data also ensured the conversation remained focused on the topic area. This was further aided by consideration of the recommendations of Bowling (2002), ensuring that a facilitative approach was taken by the researcher.

Despite the positive outcome of the focus groups, there were some difficulties with their organisation. During the time that I was collecting data, there was a flu epidemic and many of the participants who had originally agreed to be involved were not able to attend at the last moment. This reduced the overall number of participants and on one occasion led to a focus group with one participant. Whilst this focus group could have been re-arranged, the participant had travelled some way to get there and I felt morally obliged to continue. Very rich data was collected from this participant, which enhanced the overall findings, thus it proved beneficial to facilitate this focus group. Chioncel *et al* (2003) and Bryman (2008) highlight that non-attendance at focus group discussion is a common difficulty with this type of research tool and recommend over- recruitment. However, facilitating smaller groups was useful in this project, as participants had a great deal to say and we were able to fully explore appropriate issues (Morgan 1998 in Bryman 2008).

My knowledge and understanding of participants' practice environments enhanced empathy during the verbal discussions. Indeed, Knight (2002) and Hammersley (1993) argue that researchers should investigate their own areas of expertise as they have a

clearer and better perceptive than outsiders. Certainly within this project, the insider view was helpful in developing understanding.

Bryman (2008) highlights that within qualitative research, bias can be an area of concern. To reduce the effect of this, I endeavoured to ensure that my views were not apparent, through the use of open questions and the facilitative nature of the groups which allowed participants to discuss the issues raised, rather than me becoming involved in the discussion (Kvale 1996 in Bryman 2008). My input into the discussion was to seek clarity of participants' views or to check my understanding. The pilot study was particularly beneficial in ensuring the facilitative, open approach could be successfully achieved and that I was able to elicit the information I required without revealing my own views (Bowling 2002).

Strategies for analysis were based on what seemed, at the time to be most appropriate, but I now realise were the most effective for the type of research I was carrying out. For example, Creswell's (2007) spiral of analysis encouraged consistent referral to the data. This was important in my project as I wanted to understand the perceptions and views of participants. Creswell's (2007) model encouraged me to check my thoughts with the data rather than projecting my own views into the findings. Thus I could be assured that I was presenting the views of participants rather than my own.

Analysing the data proved to be challenging as I had not anticipated the vast amount of data that would be collected. As with much qualitative research (Creswell 2007) the volume of data collected was initially overwhelming and called for considerable organisation and decisiveness. I spent several weeks changing my mind about the



coding and categorization of data. The process was iterative and although this was repetitive, it ensured that the final analysis was manageable within the time frame. The use of Creswell's (2007) spiral of analysis helped considerably, as the model encouraged me to return to the data to check out decisions I had made. However, despite consistent referral to, and reflection on the data there remained a lack of clarity about coding and categorisation of some material. Following initial reflection and analysis, I decided to carry out linguistic metaphor analysis to aid my understanding of the views of participants.

Deignan (2005) and Schmitt (2005) contend that the use of linguistic metaphor analysis can aid and deepen understanding of the views of participants. I followed the staged process identified by Schmitt (2005) to review the data I had collected in the focus groups, thus ensuring that a systematic approach was adhered to. Although this was time consuming, it was a fascinating process which proved invaluable during the categorization of data and the development of themes. I became much more aware of not only the words of participants, but the individual nuances and positioning of words which could completely change the meaning of a phrase. As such, this process aided my understanding, the depth of analysis achieved and the coding and categorization of data. I was able to justify the decisions made relating to final categorization and the development of themes.

It was interesting to find and explore connections between the written and verbal data which uncovered different, but complimentary information. For example, the influence of political and professional policy was seen to be more visible and influential in the written data than within the verbal data. However, whilst these

policies were not overtly discussed in the verbal data, the influence of the organisation in which participants worked played a significant role in their learning approach and progress. The organisation will have been influenced by political and professional policy but there was little direct acknowledgement of this in the verbal data.

At the beginning of my research journey, I had anticipated that participants would identify workload as a barrier to their learning. However, whilst this was explored during the focus groups, other areas were discussed in greater detail. I was surprised by the low self-esteem of some participants and the depth of their feelings of inadequacy. Similarly, issues relating to the inappropriate use of power by some of their colleagues were considered in far more depth than I had originally thought.

Following analysis of the data I continued to reflect on my findings to uncover what was new and original. Cryer (2006 p192) identifies this as 'incubation time'. The time this took was substantial as I felt overwhelmed by the volume and breadth of my findings. Feelings of panic arose because I felt I would never be able to make sense of my findings and situate them in literature within the given timeframe.

I constantly spoke to colleagues, friends and family about my research and my findings. I also completed a mind map and spent much time trying not to think about my research, hoping that ideas would come to mind when I was thinking of something else. This was indeed what happened and I realised in a eureka moment that reflection on the data and literature led to the emergence of three main areas which affected the learning of participants in this study. These were the individual nature of learning, the social environment of learning and cultural aspects of learning. These three aspects

encompass the perceptions and feelings of participants and combine to make a holistic model of learning.

Thus the originality of my work arises from the way the research tools and methods of analysis were used, and the development of a model of learning which encompasses all facets that affected and influenced the learning of this group of nurses.

### ***Now what? Proposed actions***

Reflection on the process of completing the Doctorate in Education demonstrates that considerable personal learning and development has occurred. Whilst some difficulties have arisen, problems have been overcome, resulting in a positive outcome.

The purpose of the study was to produce a well-conducted, sound piece of research which demonstrated a clear decision trail and a good understanding of the research process. This has been achieved through the effective development of the project particularly the data analysis process which has been underpinned by consistent referral to the data gathered.

The hermeneutic approach was entirely suitable to answer the research questions. However, consideration of my epistemological and ontological position did cause considerable angst as I was very unsure about what I felt and believed about the social world and the people within it. These feelings and beliefs have emerged as I have worked through the project. Whilst this has resulted in an assured viewpoint,



consideration of these issues before I started the project may have reduced my stress levels. I suggest to others starting this journey that they give considerable thought to their epistemological and ontological position before moving forward with their projects.

I also recommend new doctoral students ensure they have a good understanding of searching the literature and ensuring an effective method of storing references. Thus, they should not be concerned of seeking advice from others particularly staff from learning centres or libraries

The meta-planned focus groups were extremely useful for gathering data and I will definitely use this structure in further research projects I am involved with. The use of focus groups enabled appropriate data to be collected in a relatively short period (Chioncel *et al* 2003). However, in future I would plan fewer groups with more people and ensure participants are given appropriate notice. Despite this, small focus groups remained beneficial in this project.

Bowling (2002) and Kvale (1996 in Bryman 2008) highlight the importance of a facilitative approach to ensure the adequate collection of data. This facilitative approach worked very effectively for me, as participants were very vocal and keen to have their views heard. However, some researchers may find a facilitative approach difficult to achieve and may find it more appropriate to use a different tool to collect their data such as written reflective accounts. Undertaking an effective pilot study will inform the researcher of the success of the chosen research tool.

The use of Creswell's (2007) spiral of analysis was appropriate for the hermeneutic approach that was taken in this project. I found the consistent referral back to the data very helpful and would definitely use this tool again for this type of research. Similarly, the use of linguistic metaphor analysis was beneficial in gaining an understanding of the views of participants and has emphasised to me the importance of language and how it is used. Again this is an approach that I would use again for this type of research.

Finally, the importance of allowing adequate time for completing the doctoral programme cannot be over-emphasised. Personally, I found the thinking time that I needed was far greater than the actual collection of data and I vastly under estimated the time required to think through, the usefulness of the literature, how I was going to analyse and categorize the data and what my findings meant to others and to practice. To achieve an effective and worthwhile project, appropriate time must be allowed to think about the work and allow creativity to develop. I will endeavour in future projects to allow appropriate time for project completion.

### ***Conclusion***

This chapter has presented a reflection on the process and learning gained through the Doctorate in Education programme which has been a journey of self discovery that was stimulating, pleasurable and enlightening. Using Driscolls (2000) model of reflection I have reviewed the project and identified areas of success and areas which created difficulty for me. I have discussed the advantages of meta-planned focus groups, the use of a model of analysis which encourages consistent referral back to

the data and the benefits of linguistic metaphor analysis. The importance of a facilitative approach has been highlighted.

I have also identified the importance of sharing ideas with others and not being afraid to ask for help. Of significant importance is the need to allow appropriate time for the development of creativity. From this reflection, I will be able to plan and undertake future research work more effectively.

Undertaking this project has emphasised my view of the world and the participants within it. My understanding of my epistemological and ontological position has developed as a result of carrying out this project and I completed the project feeling that understanding the views of individuals was of vital importance when studying the social world.



## **CHAPTER NINE - IMPLICATIONS OF THE STUDY**

### ***Introduction***

In this chapter the implications of the study will be discussed. These are a number of areas for consideration for professional bodies and policy makers, healthcare organisations, providers of higher education and individual nurses as well as for the research community. Whilst each of these will be considered in turn there is a degree of overlap with some areas of importance to several different areas. What was apparent from the project was the need for all parties to work closely together to achieve a learning environment which allowed and inspired nurses to develop at their own pace, enhancing practice and the patient experience. Finally, the chapter concludes with a synopsis of my own journey through the doctoral programme.

### ***Implications for professional, regulatory bodies and policy makers***

Initial nurse education will lead to a degree in nursing from 2013. At present, nurses are initially educated to diploma level and undertake further study once qualified if they wish to attain a degree. Thus for many registered nurses already in the workforce, the newly registered nurse (graduating after 2013) will start their career with a higher academic qualification than those who have been working in the NHS for some years. There is currently no requirement for nurses to have a degree to enable them to work as a registered nurse, although their progress through *the skills escalator* (2006) may be restricted. This will have an effect on the financial recompense they receive.

Further, the professional and regulatory body require student nurses to be supervised in practice by staff educated to the same academic level. Thus nurses without a degree will be less likely to supervise student nurses throughout the entire pre-registration programme.

Some universities have addressed this issue through the development of a non-honours degree which current diploma educated staff can access as a top-up degree. This meets the requirements of the professional and regulatory bodies, enabling current nurses to supervise the new degree level students in practice.

In this research, it is apparent that the participants found the proposed new nurse qualification very threatening as they felt they would have an inferior qualification to the newly registered nurse (verbal data). They believed that their experience would not be seen as of value, which in a competitive job market would ensure they were seen as a less attractive employee emphasising their feelings of inadequacy. Participants themselves did not view the experience they had gained as of the same value as an academic qualification. This was further emphasised by the requirement of many NHS organisations that a specific academic qualification be gained in order to move up *the skills escalator* (DH 2006).

A similar situation occurred with the demise of the enrolled nurse, with the State Enrolled Nurse either undertaking a conversion programme to Registered Nurse, or taking up employment as a health care assistant. Health care assistants are not normally required to complete any specific training. This led to considerable angst amongst enrolled nurses resulting in many of them leaving the profession. There is the potential that nurses who qualified without a degree will be put in the same position. Therefore there is an element of coercion for these registered nurses to complete a degree post-initial nurse qualification.

This study highlights the need to ensure that the introduction of the new nurse registration programme is handled sensitively and that nurses who are already registered are given the opportunity to gain equal status with nurses who complete the new programme of initial education. Darzi (2008) highlights the value of work-based learning programmes and systems which allow the academic accreditation of experience. This may be of particular value to nurses in this position.

Professional, regulatory bodies and policy makers bear the responsibility for ensuring that nurses educated to diploma level with several years of experience and a wealth of expertise, who are able to justify their practice are not viewed as second-rate nurses.

A further issue which policy makers will influence is the culture in the NHS. It is the obligation of these groups to ensure that any recommendations arising out of official enquiries such as that into Mid Staffordshire NHS Foundation Trust are implemented in healthcare organisations. Not only should this lead to an improvement of patient care but should ensure that the inappropriate use of power in working relationships and teams is reduced.

### ***Implications for healthcare organisations***

Healthcare organisations are undergoing rapid change in their underlying philosophy, with demographic changes, such as an ageing population and multi-cultural society influencing new developments, together with an emphasis on a health service rather than an illness service. Whilst there have been some financial difficulties in the NHS, the needs of the patients remain paramount. The introduction of government targets and Foundation Trust status has led to an increased interest in learning and development which is linked to patient care or the patient experience.



However, learning budgets have in many cases been reduced. Thus, creative initiatives are required to enable learning and development to occur. One way this has been addressed is to encourage nurses to pay for and undertake their learning and development in their own time (written and verbal data). The expectation that nurses will address their own learning need to enable them to fulfil their role has led to an increase in the guilt nurses feel and has created high levels of stress and pressure. Inventive ways of addressing the learning needs of nurses are required, to ensure that the nursing workforce are able to meet the needs of the patients through the use of high quality, evidence-based practice, which demonstrates a proactive approach to healthcare. To ensure this occurs, healthcare organisations and higher education institutions will be required to develop close and effective working relations.

There is also a requirement on healthcare organisations to ensure that the recommendations of the Darzi Report (2008) are implemented. This will ensure that a fair, equitable and transparent approach to the funding of education is apparent in NHS organisations.

Participants from this study felt that supportive relationships with colleagues aided their learning experience. This often took the form of mentorship, job shadowing and a team approach to problem solving.

Formal mentorship for pre-registration nursing students has been available for many years. Conversely, the role of mentorship for registered staff has not been well recognised in healthcare practice. The Department of Health recently published recommendations on preceptor-ship for newly registered staff (DH 2010) in an effort

to improve patient care and reduce attrition amongst this staff category. Recommendations for preceptor-ship programmes are currently being piloted and thus the impact of this is yet to be evaluated. However, the participants in this study had worked as registered nurses for a minimum of five years and as such would not be eligible for preceptor-ship activities. Therefore, there is no requirement on healthcare organisations to provide support mechanisms for these participants. The *standards to support learning and assessment in practice* (NMC 2008) decree that nurses undertaking specialist programmes of learning such as SCPHN must be supported in practice by a qualified practice teacher. For the participants in this study, this type of support would have greatly benefited their learning experience.

The increased emphasis on supported learning may lead to a more supportive working environment, team approach and collaborative working. These methods of working, have been actively promoted in government initiatives (DH 2000, 2002) and despite some confusion over the meaning of the term, collaborative working, this has been part of professional and governmental rhetoric for some years. Whilst Moore (2007) argues that the culture of the NHS is changing to a more supportive lifelong learning institution, progress is slow and inconsistent.

Healthcare organisations can do much to address the learning environment. They can do this by developing appropriate infrastructures, encouraging collaborative supportive approaches, and effective mentorship which allow the sharing of skills and knowledge. An equitable and transparent approach to the allocation of study leave and funding opportunities will also enhance an impartial, supportive learning environment

### ***Implications for providers of higher education***

The study found several implications for higher education institutions, which related to modes of study, the use of academic accreditation of experience and the design of innovative programmes of study that related closely to practice whilst capturing the interest and curiosity of registered nurses.

The participants in the study found it difficult to arrange time out of work and other commitments to learn and develop their skills. Modes of study that address this could be further developed. There have been considerable advances made in the development of e-learning which can help to address this need, as learners can complete learning tasks at a time most suitable to them. However, e-learning would not meet the needs of all participants in this study, some of whom, for example, had no access to the internet. E-learning is likely to further expand; however careful consideration of learning support such as how to use the materials and internet access should be given.

A degree of flexibility in learning programmes would have further aided the learning of participants in this study. For example, flexibility over submission dates would have helped some participants, together with an easy and readily available method of accessing learning materials and academic support.

Many participants in this study were concerned that their experience was considered of little value in relation to academic qualifications. This has been particularly emphasised by government initiatives and developments led by the professional, regulatory body. The recognition of academic accreditation of experience and the



opportunities to use this in academic programmes of learning would go some way to addressing this.

The use of academic accreditation differs between higher education institutions. This has led to a lack of clarity and reduced interest in the process. A more cohesive approach to academic accreditation of practice and experience in the higher education sector would enhance the morale of nurses who feel under threat through the lack of academic achievement.

The participants in this study identified that a major impact on their learning was the level of curiosity, interest and passion that was aroused by the learning experience. This ensured many of the issues that adversely affected their learning were overcome. Whilst this was recognised as an intrinsic motivation, the presentation of learning materials and programmes of learning can stimulate these feelings of interest and ensure that the learning experience is pleasurable.

Participants highlighted that their interest in learning was stimulated by the anticipated influence on practice and the patient experience. Therefore, programmes of learning which closely relate to these issues are likely to be of interest to registered nurses. The use of practice based scenarios that relate theory back to practice or the emphasis of skills development in conjunction with underpinning knowledge could stimulate interest and curiosity. Similarly work-based learning programmes, which are specifically designed to address issues nurses meet regularly in their working lives should stimulate curiosity and passion. A further advantage of programmes such as

these is the opportunity for academic accreditation of previous experience which can often be incorporated into the programme design.

### ***Implications for individual nurses***

There is little doubt that individual nurses will be required to maintain and improve their skills and expertise and there was certainly recognition of this in the data. However, in this study, participants identified the difficulties they have with effective time management that allows them to undertake learning activities. Similarly, they recognised that the caring role in their professional and personal lives sometimes led to them not addressing their learning needs. The caring role ensured that they put the needs of other before their own learning needs to the detriment of their mental health (verbal data).

This may be because participants viewed their learning needs as of less importance to the needs of others. A less passive role may enable them to plan and follow a schedule that meets the needs of all, without compromising the parties involved. However, it is recognised that this characteristic will have a cultural and political influence. Tierney (1987 in Trowler 2003) highlights the influence of professional tribalism, but argues that cultures can be changed by the people in them. Individual practitioners have a responsibility to recognise and value not only their own developmental needs but the important role of nurses and the part they play in patient care. Encouragement to become more politically aware and assertive may aide this, as will more equitable working relationships.

***Implications for the research community.***

This study has highlighted several issues that influence the learning of registered nurses and impacts on their progress. These should be seen as a trajectory that leads on to further research studies.

A longitudinal study to evaluate the effect of an all graduate profession on nurses, who are currently registered to diploma level, would of interest. This could include a comparative investigation into career advancement and the opportunities available to groups of nurses who completed their initial nurse registration programmes at diploma level and those that completed degree-level nurse registration.

All the participants commented on the importance of curiosity, interest and relevance of the learning to their learning experience. During this study it was difficult to uncover why these feelings arose. Similarly, a major issue which arose from the findings was the lack of assertiveness and feelings of guilt and inadequacy felt by participants. From the literature it appears that the influence of culture and early childhood experience cannot be underestimated and whilst participants alluded to this, they found it a nebulous concept to explain. Further work investigating this would be both interesting and informative particularly in light of the recommendations of Darzi (2008) and Kennedy (2001) that the culture in the NHS should change.

The development of collaborative and inter-professional working and the use of power in the healthcare organisation identified by Moore's (2007) work on the culture of the NHS would further develop knowledge of the working relationship and effective team working.



Many participants highlighted the importance of efficient mentoring and support from more knowledgeable colleagues. Again there is much published literature about the role of the mentor. However, in healthcare much of this is aimed at pre-registration nursing, whilst participants in this study emphasised the importance of mentorship to registered nurses. The influence of a mentor on progress and development amongst registered staff could be further investigated. This could result in the implementation of mentorship for all developmental activities or may comprise a degree of clinical supervision similar to the position of registered midwives.

There is opportunity for the development of several journal articles related to the methodology used in this research project. For example, an article on the use of meta-planned focus groups would be of interest to the research community. Similarly a paper focusing on the tools of analysis including linguistic metaphor analysis and the use of the matrix identified by Ritchie et al (2003) on the development of themes would be beneficial.

Journal articles relating to the findings from the literature and those that arose from the data would inform both the research community and healthcare organisations. For example, the use of power in the NHS or the allocation of resources to support those staff interested in developing their skills and expertise.

Individual nurses and education organisations may find articles relating to the cultural aspects of this project or the academic accreditation of experience and work-based learning beneficial and enlightening.

### ***Conclusion to the thesis***

I began this project with an interest in how registered nurses learn about practice. This interest had arisen when teaching a group of nurses who were not progressing as I anticipated they would. The students showed considerable insight into their success on the programme, and identified a variety of reasons for their lack of progress. Some of these related to their working environment but others related to their personal lives. However the circumstances for each student differed. This stimulated my curiosity and interest and I wanted to investigate this further. Thus in this project, I sought to explore how a group of registered nurses learnt about practice, and if there were any factors they felt affected their learning and progress. This would increase my understanding of the learning progress and positively impact on my teaching practice. This new understanding would be of benefit to others.

A detailed literature review was undertaken exploring notions of learning and issues that may influence it. This was contextualised to lifelong learning in healthcare and the affect this has had on individual nurses and the NHS as a whole. Thus the research question arose out of the literature and was explicitly linked to my experience as a nurse educator.

A hermeneutic approach was taken in the project that explored the perceptions, experiences and feelings of the eighteen participants involved in the research. Data were collected through meta-planned focus groups which allowed for the collection of written and verbal data. The verbal datum from the focus groups was taped, and analysis of both types of data was structured using Creswell's (2007) spiral of analysis. This model encouraged consistent referral to the data during the analysis phase commensurate with the hermeneutic approach.



Data were also subject to linguistic metaphor analysis to aid my understanding of the views of participants and the final categorization process. This resulted in the development of six themes. The findings from the data and the literature were discussed, and following a period of reflection, a model of learning encompassing the individual nature of learning, the social environment and cultural aspects of learning was identified.

I reflection on the process and learning that occurred through completion of the doctoral programme. Learning was extensive and related not only to my academic skills, but also my beliefs about people and the social world in which we live. The reflection was structured through the use of Driscoll (2000) model of reflection. The value of using a facilitative approach in focus group discussions and allowing sufficient time for the development of creativity throughout the project were identified. My belief in the individuality of people has been strengthened. The importance of exploring the views, perceptions and experiences of individuals to inform us of the effectiveness of initiatives, the benefits and influences of social structures, and the importance of cultural and gender influences has been emphasised

Implications for a variety of related organisations and individual nurses have been identified. Opportunities for the dissemination of my findings have been identified through the possibility of future publication, and the opportunity for further work in this field will be investigated. My current working environment provides opportunities for development of staff and my findings and the process of undertaking a doctoral programme will be shared with the rest of the school at one of these opportunities. Finally, my understanding of the learning process in relation to



registered nurses will influence my future teaching practice and impinge on the learning experience of future students.

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## **APPENDIX ONE- FORMAT FOR META-PLANNED FOCUS GROUPS**

### **Materials required**

Packet of post-its  
Large sheets of flipchart paper  
Blue-tack  
Sticky dots  
Board markers  
Tape recorder

### **Method**

1. Stick 2 sheets of flipchart paper on wall
2. Label one sheet drivers and the other barriers
3. Ask participants what are the drivers to learning?
4. Each participant has 3 post-its and writes one response per post-it as quickly as possible
5. Participants stick the post-its anywhere on flipchart labelled drivers
6. As a group, participants group the post-its into categories and give each category a title
7. Give each participant 3 sticky dots
8. Participants stick their dots next to the categories they think are important drivers to learning- voting for category not individual comments. They can use all 3 dots for one category if they wish or 1 dot against 3 different categories or any other combination
9. Ask participants what are the barriers to learning?
10. Repeat steps 4-8 above
11. Discussion

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Adapted from Davies, P., Osborne, M. and Williams, J. (2001) *For me or not for me? – That is the question: A Study of Mature Students Decision Making and Higher Education*. London. Stationary Office.



## **APPENDIX TWO- CONSENT FORM FOR PARTICIPANTS**

Dear

I am writing to you to invite you to take part in an Open University research degree project I am undertaking regarding work-based learning. I want you to be well informed about the project to enable you to make your decision, but very much hope you will be able to take part.

### **What is the project about?**

You will be aware that as experienced healthcare professionals some of your learning has arisen from the work activity you carry out as part of your role at work. Some of this learning has been recognised and awarded academic credit as part of the work-based learning programme. However it is important that you know this project is not an evaluation of the work-based learning programme.

Interest in work-place learning has grown considerably over the last decade with government reports such as Dearing (1997) and Leitch (2006) emphasising the importance of work to learning. In healthcare, this has led to changes in healthcare delivery with enhanced roles for some healthcare professionals and increased opportunities for personal and professional advancement. However much of the learning that takes place in the work area is implicit and integral to practice and consequently difficult to define. Despite this, how we learn in and about practice is an important area for consideration which will influence future educational developments in healthcare. I am interested in how you feel you have learnt about your practice and what barriers or drivers have affected the process of learning.

### **If you agree to take part what will you be asked to do?**

I will be organising several focus groups. You will be invited to one of these groups where you will be asked to share your perceptions, feelings and experiences of workplace learning. The data collected from this will be in a written and verbal format and will be taped. Following the focus group some of you may wish to expand further on an issue you feel is important or you may raise an issue which requires further



discussion. In this case an individual interview will be arranged. Interviews will be taped. However if at any point you wish to withdraw from the research you may do so with no obligation and if you wish any information collected from you will be destroyed.

#### What will happen to the data collected?

All data will be anonymous and will be kept securely until the project has ended in 2010 when it will be securely destroyed. Your own data will be accessed only by me as the researcher. I have a responsibility to act ethically at all times and will follow the British Educational Research Associations Ethical Guidelines (2004)

#### What you need to do now

Please read the consent information below. If you choose not to participate you need do no more and I will not contact you again. If you choose to participate please could you send an e mail entitled 'Learning in the workplace' to me at my work email address. Please complete this statement and paste it into your e mail. I will then contact you to arrange your attendance at one of the focus groups

I...(name).....of (address).....have read and understood the nature of my involvement in the project and I agree to take part

If you would like to talk to someone else about the research process or what the implications of the research may be for you please contact my supervisor (contact details included).

#### CONSENT INFORMATION

I understand that

- There is no compulsion for me to participate in this research. If I choose not to take part, it will not affect my future education
- If I choose to participate, I may at any time withdraw my participation, this will not affect my future education

- Any information that I give will be used solely for the purposes of this research which may include publication
- The information that I give may be offered in a fully anonymised form to the UK Data Archive
- Confidentiality will be respected with regard to the information I give including the use of pseudonyms etc in order to preserve anonymity

Thank you for your help